

FOIA MARKER

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Subgroup/Office of Origin: National AIDS Policy Office
Series/Staff Member: Patsy Fleming
Subseries: National AIDS Strategy

OA/ID Number: 9002
FolderID:

Folder Title:
Agency Submissions-CDC [Centers for Disease Control]

Stack:	Row:	Section:	Shelf:	Position:
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Clarifications →

- Budget
- Names & programs ^(linking & descriptions)
- Distinguishing ^{program} Oversight from program funding.
- focusing Report on programmatic stuff (Compressing oversight Role . . .).
- Reworking unmet needs.
- Accounting vis-a-vis collab →
 - SAMSHA
 - NIH
- OIG → rec/TA about how to implement the OIG recs within the HRSA program?
- incorporating constituencies → p. 5 of APO update

~~SPHS Budget 17.5 x 4 ~~~
~~indocuments~~
~~p. 20 APO~~
~~sum~~
~~p. 24~~
~~collab & AHCPR Nat. Prob.~~
~~sample of HIV+ care receipt~~
~~p. 25 Title III~~
~~IV~~

Centers for Disease Control and Prevention

National Plan for Combatting AIDS

DRAFT

June 14, 1995

- Goal 1: Data Collection
2: Public Involvement/Understanding
3: School Based Programs
4: Behavior Change
5: Increase Individual Knowledge of serostatus

141,076

45,970

48,215

185,666

169,035

589,962,000

#1 identical to President's Budget !

Area

Prevention

Goal 1

Strengthen existing systems and develop new systems to accurately monitor the HIV epidemic as a basis for assessing and directing prevention programs. (b support prevention need data...)

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Objectives	Action Steps	Descriptions	Programs				
			Resources in thousands		Populations Served	Constituency Involvement	Unmet Needs
FY 1995 (appropri.)	FY 1996 (proposed)						
By 1997, implement projects that evaluate and expand the uses of HIV infection and AIDS case surveillance and serosurveillance data so that these data systems can more effectively guide public health policy and provide relevant information necessary to direct and evaluate prevention activities.	- Evaluate HIV infection reporting systems (named, anonymous, unique identifier) used nationally for their ability to monitor the epidemic, provide linkages to medical and social services, and to assess their impact on a person's decision to be tested. - Characterize high risk behaviors of persons with evidence of recent HIV infection such as persons with documented HIV seroconversion, high CD4+ counts, or diagnosis of HIV infection in adolescents. - Assess the impact of public health guidelines and recommendations and prevention efforts. - Characterize persons co-infected with TB and HIV. - Evaluate ways to improve the completeness and quality of risk ascertainment on persons reported with HIV and AIDS. - Identify and characterize previously unreported AIDS cases among deaths investigated by local medical examiners to assess the impact of under-diagnosis of AIDS cases on AIDS surveillance among disadvantaged populations that often do not receive adequate health care. - Test the efficiency of new techniques for reporting HIV and AIDS surveillance data from health care providers and laboratories to health departments.	- Evaluation of HIV Infection Reporting Systems Project - Recent HIV Infection Projects - Surveillance to evaluate prevention projects - Adult spectrum of disease project - TB project - Mode of transmission validation project - The medical examiner study - Enhancement of AIDS surveillance efficiency project	\$141,076	\$140,917	All major racial/ethnic categories and major risk groups	Regular consultation with national, state, and local public health officials and many other relevant organizations <i>PrAs, Comm. groups.</i>	- Surveillance of risk behaviors that contribute to HIV transmission. - Monitoring HIV incidence
By 1997, improved understanding of the natural history of HIV infection as well as the risk factors and protective factors for sexual, drug-related, health-care worker-related perinatal HIV transmission will have contributed to more effective prevention strategies for all affected populations.							

- AIDS Case Surveillance P.1*
- AIDS incidence
 - morbidity/mortality
 - HIV infect. Surveill.
 - HIV Family of Surveys
 - Childbearing
 - Sentinel Hospital
 - Clinic-Based HIV
 - Blood Collection Centers
 - Occupationally Acquired HIV Infection
 - Adolescent/Adult + Fed Spectrum of Disease
 - Supplement to HIV/AIDS Surveillance
 - Medical Examiners Project
 - CIN
 - HERS
 - SF men

Which studies are how linked/integrated? NIH

How does this system capture recent infections? Risk factors trying to tease out -> refine?

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DRAFT

Area Prevention
Goal 1 Continued

Objectives	Action Steps	Descriptions	Programs				
			Resources in thousands		Populations Served	Constituency Involvement	Unmet Needs
			FY 1995 (appropri.)	FY 1996 (proposed)			
<i>Linkage - NH nat. hist. studies</i> <i>Evaluation of 1st bullet?</i>	• Collect additional data on persons reported through HIV/AIDS surveillance which may be important for the planning and evaluation of prevention and care programs, such as <u>social/economic status</u>, <u>levels of disabilities</u>, <u>drug use history</u>, <u>sex behavior history</u>, <u>utilization of HIV testing and medical care services</u>, and <u>reproductive history in women</u>. • Assess the interrelationship of behaviors, HIV markers and surrogates, and their potential role in surveillance systems. • Assess the interaction of <u>socioeconomic</u>, <u>behavioral</u>, and <u>biologic factors</u> in HIV transmission. • Determine the role of female-specific biological factors that are linked to acquisition and transmission of HIV infection and that influence the course of HIV disease. • Determine factors contributing to the efficiency of sexual transmission of HIV. • Assess the risk of transmission of HIV and TB from HIV-infected health-care worker to patient and vice versa • Develop systems to monitor the emergence of multidrug-resistant TB in the HIV infected. • Continue to develop improved methods for projecting or modeling the HIV epidemic.	• Supplement to HIV/AIDS surveillance • Natural history & epidemiology studies • Pediatric & perinatal studies • Unusual case investigations • Domestic blood safety • Surveillance of strain variation • HIV/AIDS case reporting • Health care worker surveillance • Opportunistic infection surveillance studies					

10 Prevention

Project CARES
clinic level interventions for women & infants

role in reproductive decision-making

x-sec, contraceptive use (thailand)

20 Prevention

WACS
HERS
PIDS

→ NH Questions

DRAFT

Objectives	Action Steps	Descriptions	Programs				
			Resources in thousands		Populations Served	Constituency Involvement	Unmet Needs
			FY 1995 (appropri.)	FY 1996 (proposed)			
link i NIA, or other study - sponsoring group? Connections to 1st bullet on previous page? Verifying Lab Ketivf Linked? What are prevention partners? Evaluating prevention efforts AS needed data + methods	• Develop methods to differentiate HIV-specific antibodies generated in participants in HIV vaccine trials from those generated in response to HIV infection. • Develop methods to identify potential cases of HCW-to-patient transmission. • Expand HIV reporting systems to collect information about primary & secondary HIV prevention services needed and received by HIV-positive clients (working w/ HRSA). • Work with providers and users of lab services to develop & implement systems which provide assurance that the capacity and quality requirements for HIV testing are met. • Work with international partners to study TB, implement vaccine trials, enhance clinical management, assess prevention efficacy, and improve program management of HIV/AIDS. • Share with prevention partners information on the need for and benefits of HIV reporting. • Develop methods to integrate various sources of data and to describe progress in HIV prevention. • Develop methods to evaluate the use of HIV infection and AIDS surveillance systems to assess early intervention strategies.	• NIR case investigations • HIV sero-incidence surveys • HIV seroprevalence surveys • HIV seroprevalence surveys • HIV seroprevalence surveys	Dentist Case 7 Case factoring Am. getting prevention info case 7				
Vaccines - P.3 • HIV sero inc. + attitudes gay/bi men. 3 sites • Reactivity i vaccine • NIA How many can you check.							

Vaccines - / P3

- HIV sero inc. + altitudes
gay/bi men. 3 sites
- Reactivity $\bar{c}$ vaccine.
 $\bar{c}$ NIAD
- CDC, NIAD, Los Alamos,
WHO

essential
function -
oversight exp'd.
= info dissem.

→ Secretary
not just
ADS...

function to preserve →

- ACOG / OBGYN
- AMA / AHA
- Medical Schools →
- link to AHCPR data.

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Area Prevention
Goal 2 Increase the public understanding of, involvement in, and support for HIV prevention.

DRAFT

Objectives	Action Steps	Descriptions	Programs				
			Resources in thousands		Populations Served	Constituency Involvement	Unmet Needs
			FY 1995 (appropri.)	FY 1996 (proposed)			
~~By 1994~~ provide leadership in HIV & STD prevention by (1) establishing a national agenda through the media; (2) promoting credible messages based on science through credible channels; and (3) encouraging and supporting prevention efforts at the local level. ~~By 1994~~ establish a collaboration of partners composed of national, State, and local organizations to facilitate (1) diffusing social marketing principles applied to HIV/ STD prevention at the local level; (2) identifying and promoting mechanisms to exchange technology and information; and (3) developing guidelines for applying social marketing principles to local HIV/STD prevention.	- Monitor changes in public knowledge about how HIV is and is not transmitted. <i>Done how?</i> - Develop methodologies to measure community mobilization or changes in institutional behavior in relation to mass media public information and education programs. <i>Done how?</i> - Develop new mass media messages, in collaboration with the public health systems and with international, national, state, and local private sector organizations and agencies. - Expand the relationship between CDC and the <u>entertainment industry</u> to improve messages and role modeling for HIV prevention. <i>→ no activity</i> - Develop communication interventions with appropriate organizations to ensure that consistent, accurate HIV prevention information is provided to the public. - Develop community coalitions for HIV prevention. - Coordinate and disseminate information messages through the media that explain new scientific findings and policies concurrent with the release of new scientific information. - Develop leadership of health/education officials to effectively deliver HIV prevention messages through partnerships. <i>What is this?</i> - Evaluate the role of communications in changing individual knowledge, community norms, and individual behavior through establishment of model programs.	- National Health Communications - Prevention Collaborative Partners - Local demonstration sites - Coordination with community planning - CDC National AIDS Clearinghouse - CDC National AIDS Hotline - Business Responds to AIDS - Labor Responds to AIDS -HIV/AIDS workplace policies <i>Linkage to professional orgs.</i>	\$45,970	\$46,869	All major racial/ethnic categories Young persons (18-25) Persons engaging in behaviors that place themselves at risk for HIV infection. All population segments Business & labor leaders, employees, and families	Regular consultation with over 200 <u>prevention collaborative partners</u> composed of national, state, & local organizations Regular consultation with over 50 business & labor partners Regular consultation with influential leaders	More effective use of social marketing principles in HIV prevention programs Further implementation of strategies to promote adoption of BRTA & LRTA comprehensive programs Family education materials More effective materials to encourage abstinence and other prevention behaviors HIV prevention materials for use by <u>religious communities</u>

linkage to HRSA?

ATIS
 SMASH ATG
 HRSA
 (Naneline)
 Katz
 Rut
 Don Schneider - ABCP
 Kevin
 SMASH

could be problematic if not associated to care system that's ready to deliver.

June 30, 1995

Two steps?

I. Demonstration +
Evaluation + Rowing

II. Widespread Implementation?

- Health care
- linkages to prevention
- Workplace training
- Abstinence for prevention (borrowed from family planning)
- (Also tied to PPEs...)

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DRAFT

Area
Goal 2 Prevention
Continued

Objectives	Action Steps	Descriptions	Programs				
			Resources in thousands		Populations Served	Constituency Involvement	Unmet Needs
			FY 1995 (appropri.)	FY 1996 (proposed)			
By 1997, apply social marketing principles at the local level for the purpose of (1) demonstrating the participatory social marketing process--skills and resources needed to effectively engage the community; (2) measuring the effects of behavior-based social marketing interventions; and, (3) documenting the lessons learned. By 1997, facilitate the application of prevention marketing principles in CDC-funded community planning efforts by (1) promoting guidelines for consideration of these principles at the local level for prevention interventions and (2) providing interactive technical assistance on social marketing technology principles (or	• Expand the relationship between CDC and academic experts in mass communications to develop methods for measuring the impact of mass media on individual and community behaviors. • Develop ways of measuring the mobilization of community groups, i.e., changes in community norms, capacity. • Monitor business policies and employee education programs regarding HIV/AIDS. • Implement a BRTA initiative to develop HIV prevention and service programs for the workplace and the community. • Sponsor and participate in national meetings of businesses and religious, civic, medical, social, and voluntary agencies which conduct HIV prevention and service programs.	• Supervisor/ labor leader training • Employee education • Employee family education • Community service and volunteerism • National Organizations/ Partnerships including business, labor, religious, voluntary, and media • National & Regional Minority Organizations					

Centers for Disease Control and Prevention

Area Prevention
Goal 2 Continued

DRAFT

Objectives	Action Steps	Descriptions	Programs				
			Resources in thousands		Populations Served	Constituency Involvement	Unmet Needs
			FY 1995 (appropri.)	FY 1996 (proposed)			
prevention marketing) to public health agencies as well as HIV Prevention Community Planning Groups ~~By 1997~~, promote HIV prevention as a relevant issue in business settings. ~~By 1997~~, provide & promote a network of resources & referrals to assist in implementing the Business Responds to AIDS (BRTA) Comprehensive HIV/AIDS Workplace Program. ~~By 1997~~, market the comprehensive workplace HIV/AIDS program to business. ~~By 1997~~, establish and execute a research agenda to formulate & assess strategies and resources to advance the knowledge of effective work-place HIV programs.	Relevant how? As a place to do prevention education... sensitivity, \$, A/DX, unique cohort for educ. → not reached, inspectors, colleges, etc. CDC is developing & will then market? What is this? Evaluation of BRTA.				?	?	?

Centers for Disease Control and Prevention

Area Prevention

DRAFT

Goal 3 Implement comprehensive school health education programs to prevent risk behaviors that cause HIV infection and related health problems.

Objectives	Action Steps	Descriptions	Programs				
			Resources in thousands		Populations Served	Constituency Involvement	Unmet Needs
			FY 1995 (appropri.)	FY 1996 (proposed)			
By 1997, increase by 15% the proportion of school districts that require age-appropriate HIV education at each grade level, K-12, especially at grades 9-12, preferably as part of a comprehensive school health education program. By 1997, increase by 15% the proportion of colleges and universities that provide HIV education for students and staff, preferably as part of an institution-wide health promotion program.	- Monitor state-level policy and program requirements that support effective HIV education within comprehensive school health education programs (CSHEPs). - Monitor district-level policy and program requirements that support effective HIV education within comprehensive school health education programs. - Monitor the prevalence of behaviors that cause HIV infection and related health problems among school and college students. - Implement and revise as necessary, CDC guidelines for effective school health education to prevent the spread of HIV infection. <i>What are these?</i> - Enhance the capacity of state and local educational agencies to develop and implement effective HIV education within CSHEPs - Enhance the capacity of colleges and universities to provide HIV education for students and staff, preferably as part of an institution-wide health promotion program. - Ensure the integration of education to prevent HIV infection, other STDs and the use of alcohol and other drugs among youth. - Strengthen the capabilities of state and local departments of education and health to collaboratively help schools, colleges and universities implement effective HIV education programs for youth.	Support for state and local educational agencies - National organizations - Colleges & universities - Teacher training sites - Youth surveys - Projects to reach out-of-school youth <i>Questionnaire?</i> <i>OMB approved?</i>	\$48,215	\$48,162	All major racial/ethnic categories Young persons engaging in behaviors that place them at risk for acquiring HIV through sexual exposure All school- and college-aged youth regardless of school enrollment status	Met with a wide range of constituency groups to: 1) improve existing programmatic efforts; 2) improve assistance and resources provided by CDC; and, 3) explore strategies that the nation might take to improve the health status of young people. These groups include representatives from: (1) every state education agency & 18 local education agencies; 2) national nongovernmental	- Not all youth are accessible through existing institutional-based efforts - Not all states monitor youth health-risk behaviors

Youth Risk Behavior Surveillance System

Research on HIV-Prevention Programs in Schools.

HIV Prevention Program Eval.
Research on Innovative School-Based Programs
Cost-Effect. Research

June 30, 1995

Centers for Disease Control and Prevention

Area Prevention
Goal 3 Continued

DRAFT

Objectives	Action Steps	Programs					
		Descriptions	Resources in thousands		Populations Served	Constituency Involvement	Unmet Needs
			FY 1995 (appropri.)	FY 1996 (proposed)			
By 1997, decrease by 10% at each grade level the proportion of 9th-12th grade students who report they have engaged in sexual intercourse. <i>measured how?</i> ~~By 1997~~, among 9th-12th grade students who report they have engaged in sexual intercourse, decrease by 10% the proportion who report they have engaged in sexual intercourse during the past 3 months. By 1997, among 9th-12th grade students who report they have engaged in sexual intercourse during the past 3 months, increase by 10% the proportion who report they used a condom at last intercourse.	• Increase the effectiveness of HIV education for youth served by state and local departments of education and college and universities through the efforts of selected national organizations. • Enhance the capacity of state and local agencies to help prevent HIV infection and HIV-related problems among youth through the efforts of training and demonstration centers established for state & local departments of education (and colleges & universities). • Establish teacher training coordinators in every interested state to help teachers provide effective HIV education within a CSHEP. • Identify and disseminate, through training and demonstration centers and through teacher training coordinators, HIV education programs that have been shown to be effective in reducing behaviors that cause HIV infection and related health problems. • Synthesize and apply the results of research to increase the effectiveness of HIV prevention education for youth. • Conduct formative evaluations of state and local departments of education policies, curricula, teacher training, and school efforts to prevent behaviors that cause HIV infection and related health problems. • Develop a standardized report for each state to profile the nature of priority health problems and risk behaviors among youth in that state and school efforts to prevent these problems and behaviors.	<i>IM - lack of coord. to other agencies. CDC - id what works, need more linkage & behavior scientists. CDC - HIV/MH+ *Behavioral</i> <i>data back - good. need data sharing amongst agencies.</i>				health or education organizations, 3) colleges & universities, 4) state public health departments, as well as young people themselves. Meetings included an annual constituency meeting, quarterly training programs, & communication through an electronic bulletin board/network.	<i>Some unmet needs as previous page?</i>

Centers for Disease Control and Prevention

Area Prevention
Goal 3 Continued

DRAFT

Objectives	Action Steps	Descriptions	Programs				
			Resources in thousands		Populations Served	Constituency Involvement	Unmet Needs
			FY 1995 (appropri.)	FY 1996 (proposed)			
By 1997, decrease by 10% the proportion of 9th-12th grade students who report they have injected illicit drugs.	- Conduct evaluations of the effectiveness of existing school-based interventions to reduce behaviors that result in HIV infection and related health problems. - Develop state-of-the-art school-based interventions and evaluate their effectiveness in reducing behaviors that result in HIV and related health problems. - Conduct and apply meta-evaluations of existing research data about the effectiveness of school-based interventions in reducing health risks behaviors among adolescents.	<i>Isn't this what the previous pages were about?</i> <i>Other areas of Drug Abuse - Crack/Cocaine connection</i> <i>AIDS/HIV connection.</i>					

Centers for Disease Control and Prevention

Area Prevention

Goal 4

Prevent or reduce behaviors or practices which place individuals at risk of HIV infection, or if infected, place others at risk.

DRAFT

		Programs					
			Resources in thousands				
Objectives	Action Steps	Descriptions	FY 1995 (appropri.)	FY 1996 (proposed)	Populations Served	Constituency Involvement	Unmet Needs
By 1997, at least 90% of individuals with known HIV infection will be abstinent or will have used a condom at last sexual intercourse, and at least 50% of individuals who have engaged in high-risk sexual behaviors within the past 12 months will be abstinent, in a mutually monogamous relationship, or have used a condom at last sexual intercourse. By 1997, at least 75% of injecting drug users will have stopped injecting drugs or used sterile or decontaminated injection equipment at last injection.	• Collaborate with prevention partners to assess risk behaviors and practices in selected communities. • Identify barriers to implementation of HIV prevention programs at community, state, and national levels. • Collaborate with selected communities in developing and implementing a model behavioral intervention program that comprehensively addresses community needs and uses available community resources and prevention partners in selected sites. • Design, develop, and test effective community-level interventions to change risk behaviors through altering community norms and values to support healthy behaviors. • Expand the community's capacity to plan, implement, and evaluate culturally competent and linguistically specific HIV prevention guidelines and programs tailored to the needs of specific populations. • Enhance the capacity of CDC staff to plan, administer, and evaluate behavioral change strategies and community-based interventions to provide public health leadership and assist our prevention partners in designing and managing effective strategies for HIV prevention programs.	• Cooperative agreements for HIV prevention • Directly funded CBOs • National organizations • National Minority Organizations • HIV intervention research studies	\$185,666	\$209,764	All major racial/ethnic categories and persons engaging in behaviors that place them at risk for acquiring HIV	HIV Prevention Community Planning--state & local health departments formed community planning groups to assist in developing HIV prevention plans Regular & extensive consultation with representatives from state & local health departments, community planning groups, and national organizations	Lack of behavioral risk surveillance data for program planning and evaluation purposes More effective application of behavioral science to HIV prevention programs Need to develop and maintain prevention capacity for high risk women, youth and gay men of color

Centers for Disease Control and Prevention

Area Prevention
Goal 4 Continued

DRAFT

Objectives	Action Steps	Descriptions	Resources in thousands		Populations Served	Constituency Involvement	Unmet Needs
			FY 1995 (appropri.)	FY 1996 (proposed)			
By 1997, at least 80% of the health care & public safety workplaces will implement programs & procedures for preventing HIV transmission at work sites. By 1997, reduce unintended pregnancies to no more than 40% of pregnancies among women with or at risk for HIV infection. By 1997, the number of individuals donating blood and found to be infected with HIV at the time of donation will decrease by 50% through self-deferral. By 1997, among selected populations of youth in high-risk situations, increase by 10% the proportion who report they used a condom at last sexual intercourse	- Enhance the capacity of local health departments and other relevant community agencies to collaboratively provide effective HIV education for youth in high-risk situations. - Establish scientifically-based evaluation components for HIV prevention activities. - Use evaluation of components to design or refine HIV prevention programs and/or redirect HIV prevention resources. wakers? → pop/planning link to HCW data collection (Goal 1) and labor responds to AIDS (Goal 2)? Collab in Red Cross, NIH, BI, etc? FDA? How different from school based goal? Going for those not in school? Data collection mechanisms?	Collab in School-based programs? Any links in NICHD. in questionnaires. Low study → 1995				as same previous page	

Centers for Disease Control and Prevention

Area Prevention

DRAFT

Goal 5 Increase individual knowledge of serostatus and strengthen systems for successful referral for early intervention services.

		Programs					
			Resources in thousands				
Objectives	Action Steps	Descriptions	FY 1995 (appropri.)	FY 1996 (proposed)	Populations Served	Constituency Involvement	Unmet Needs
By 1997, at least 85% of the estimated 1,000,000 HIV-infected individuals will know their HIV serostatus. By 1997, at least 90% of health care sites ^{defined as...} receiving public funds and serving at-risk persons will provide appropriate HIV counseling and testing services. ^{What's the % now?} By 1997, at least 80% of known HIV infected individuals, either directly or through referral, will receive <u>primary and secondary</u> prevention services. ^{infect others} → Why does the HIV+ person need 1st prevention the horse is out of the barn?	<i>We have enough places to even get tested?</i> • Working with governmental & nongovernmental partners, enhance community-level assessments of needed primary & secondary prevention services. • Identify opportunities for common HIV prevention data collection & development of uniform data sets. • Integrate HIV prevention services into standards of care for the diagnosis and treatment of HIV disease. • In collaboration with the FDA, develop, test, & implement rapid HIV testing procedures. • Strengthen the capacity of state, and local health departments to provide partner notification services to private health care providers offering HIV counseling & testing. • Develop alternative methods to provide HIV counseling & testing services. • Work with professional groups, hospitals, and state health departments to ensure that health care workers receive adequate training on primary and secondary HIV prevention (with HRSA). • Study the impact of discrimination as a barrier to prevention services. • Assist publicly funded counseling & testing sites to establish selection criteria and systems for monitoring the quality of referral laboratories. • Interview persons newly diagnosed with HIV infection to identify missed opportunities for earlier diagnosis and CD4+ testing. • Conduct a study of incident AIDS cases to determine what services HIV-positive clients are receiving over time to identify service gaps (in collaboration with HRSA). • Provide guidelines and training to HIV counselors to improve the quality of counseling.	• Counseling, testing, referral & partner notification programs <i>extend to which this has been done?</i> <i>don't just taking half.</i>	\$169,035	\$179,006	All major racial/ethnic categories and persons engaging in behaviors that place them at risk for acquiring HIV	HIV Prevention Community Planning--state & local health departments formed community planning groups to assist in developing HIV prevention plans Regular & extensive consultation with representatives from state & local health departments, community planning groups, and national organizations	More effective long term intervention programs for HIV positive individuals Determination of the best balance of CTRPN programs with other HIV prevention strategies Lack of resources to support comprehensive referral and data monitoring systems



Memorandum

Date . MAY 20 1994

From **Director**
Centers for Disease Control and Prevention

Subject **Compendium of Federal HIV/AIDS Research Programs**

To **Arthur J. Lawrence, Ph.D**
Acting Director
National AIDS Program Office

In response to Ms. Kristine Gebbie's request for specific information on PHS HIV/AIDS research programs, attached is information on the Centers for Disease Control and Prevention's (CDC) HIV/AIDS research programs. Since Ms. Gebbie's request specified existing materials, I am sending materials as received from the various HIV Collaborating Centers.

The contact persons/program coordinators are listed with the various research programs, and a separate funding sheet for CDC's HIV/AIDS research is attached. A listing of interagency collaborations is also attached.

CDC has no advisory committees chartered to provide consultation on planning and evaluating HIV/AIDS research programs or to review grant or contract applications.

Please contact Mr. Dave Brownell at telephone (404) 639-2918 if you need additional information.

David Satcher, M.D., Ph.D.

Attachments

**Collaborations between
the Division of HIV/AIDS
and other HHS Agencies**

Formal Collaborations

The Division of HIV/AIDS (DHA) participates in an interagency agreement with the National Institute of Allergy and Infectious Diseases (NIAID) for collaborative research to determine the feasibility of conducting Phase II preventive HIV vaccine trials among gay and bisexual men.

DHA participates in a study with NIAID of heterosexual partners in which one or both are HIV-infected. The purpose of the study is to identify biologic and behavioral factors related to transmission of HIV.

HEBS
DHA participates in a collaborative study with NIAID and the National Institute of Child Health and Human Development (NICHD) on the natural history of HIV infection in women. The purpose of the study is to describe the spectrum of HIV disease in women and identify the biologic, behavioral, and social factors associated with disease progression. These collaborative efforts reflect the purpose of the Women and HIV/AIDS Working Groups, formed in 1991 with representatives from CDC, NIAID, NICHD, the National Institute on Drug Abuse (NIDA), the National Cancer Institute (NCI) and others.

DHA participates in a collaborative study, under a cooperative agreement between NIH and Emory University, to develop formulations of adjuvants with HIV proteins which will produce broadly cross-reactive, long-lasting immune responses to HIV.

DHA participates as a member of the flow cytometry advisory committee for the Division of AIDS within NIAID which includes overseeing a quality assurance program for AIDS Clinical Trials Group (ACTG) testing laboratories and integrating flow cytometry projects into appropriate ACTG protocols.

DHA collaborates with NIAID to determine the reactivity of persons receiving various HIV vaccines on commercial HIV antibody assays. The purpose of the study is to determine whether current assays or those soon to be licensed by the Food and Drug Administration (FDA) can discriminate between vaccines and infected persons.

DHA collaborates with NIAID in studies mapping antibody binding sites recognized by persons who have received MN type vaccines and comparing that to the response of infected persons. The purpose of this research is to better understand the humoral response to vaccines and how it is similar to or different from natural infections.

DHA collaborates with FDA, HRSA, and NIH to develop guidelines for prevention of HIV transmission through organ and tissue transplantation.

Informal Collaborations

DHA collaborates with FDA on studies related to HIV testing methods and vaccine development.

The Fogarty International Center within the National Institutes of Health serves as a cosponsor with DHA for the International Course in Surveillance

and Applied Epidemiology for HIV and AIDS, a yearly course held at CDC for researchers from developing countries.

DHA supplies information to NCI for conducting back-calculation to assist DHA in making AIDS case projections and HIV prevalence estimates.

DHA shares information with NIDA on an ongoing basis regarding studies of HIV transmission among injecting drug users.

DHA provides AIDS case data to NIAID to assist in evaluating proposals from states and cities applying for funds to support AIDS clinical trials.

DHA collaborates with the Agency for Health Care Policy and Research (AHCPR) on a study analyzing the demographics, symptoms, diseases, and therapies in HIV-infected outpatients.

DHA collaborates with NIDA, the Health Resources Services Administration (HRSA), and the Veterans Affairs Medical Center on analysis of HIV seroprevalence and seroincidence in major metropolitan areas.

DHA participates in informal collaborations with NIAID regarding the CDC cohort study of men who have sex with men and the NIAID multicenter AIDS cohort study.

DHA collaborates with HRSA on Title IV projects--maternal and child health projects designed to provide comprehensive HIV-related care and support services.

DHA collaborates with NCI, NIAID, and FDA regarding guidelines for prophylaxis against *Pneumocystis carinni* pneumonia.

DHA collaborates with NCI and NIAID on development of the revised pediatric HIV classification system.

DHA collaborates with NIAID on AZT clinical trials to prevent perinatal HIV transmission in Côte d'Ivoire and Thailand.

DHA collaborates with NIAID and HRSA on the development of guidelines to prevent perinatal transmission of HIV; this includes collaborations regarding the newly formed PHS task force to develop guidelines to prevent perinatal HIV transmission through AZT therapy of HIV-infected pregnant women and their newborns.

DHA collaborates with the Department of Housing and Urban Development and with HRSA to provide these agencies with AIDS case data to assist them in resource allocation.

Response to request from Kristine Gebbie regarding
HIV-related research programs

1. SUMMARY OF RESEARCH PROJECTS

AREA OF EMPHASIS:

SCIENTIFIC

1. *Natural History and Epidemiology*

Status:

Data from AIDS cases reported to CDC over the last few years have shown that the populations which initially accounted for the majority of AIDS cases are not the groups or areas with the greatest proportionate increases in numbers of cases. Examples include the higher proportionate increase in cases reported among women compared with those reported among men, and the increase throughout the United States and particularly in the South in cases attributed to heterosexual transmission. Population and clinic-based HIV seroprevalence surveys also show stable infection rates among white gay men and injecting drug users, but alarming increases among women and minorities, especially in some geographic areas. Data from the survey of childbearing women also indicate regional differences: in the Northeast, the epidemic is concentrated in urban areas, but in the South, HIV prevalence is high in both urban and rural areas.

In January 1993, all states and territories began using the expanded AIDS surveillance case definition for adolescents and adults which added to the 1987 AIDS surveillance criteria all HIV-infected persons with HIV-related severe immunosuppression (<200 CD4+ T-lymphocytes/ μ L, or a CD4+ T-lymphocyte percentage of total lymphocytes of <14), pulmonary tuberculosis (TB), recurrent pneumonia, or invasive cervical cancer. During 1993, 103,500 cases of AIDS were reported among adolescents and adults >13 years of age, representing a 111% increase over the 49,016 cases reported in 1992. The increase in case reports most likely represents the rapid and efficient implementation of the revised AIDS surveillance criteria by many local and state health departments, the reporting of individuals who had been diagnosed before 1993 with the newly added conditions, and the underlying trends in the HIV/AIDS epidemic. As the new reporting criteria are used over time, the number and characteristics of reported cases will more closely reflect recently diagnosed cases.

CDC conducts surveillance and epidemiologic studies designed to monitor the epidemic of HIV infection and AIDS and to assess risk factors for transmission. Major ongoing studies include:

AIDS Case Surveillance. A surveillance system which monitors the incidence of AIDS and trends in morbidity and mortality; identifies significant and emerging modes of HIV transmission; guides the development and implementation of public health intervention and prevention programs; and assists in evaluating the efficacy of public health interventions.

HIV Infection Surveillance. A surveillance system designed to provide a minimum estimate of the number of HIV-infected persons and the

extent of HIV-related morbidity and mortality and provide a means to identify and characterize persons with more recent HIV infection than persons with AIDS. Only states which allow confidential HIV infection reporting by name are funded by CDC to conduct "active" surveillance for cases of HIV infection.

HIV Family of Surveys. A national surveillance system designed to monitor the extent of HIV infection among populations at increased risk as well as more general populations. In addition to data from the following surveys, CDC receives information on routine HIV screening of civilian applicants for military service and entrants to the Job Corps.

Heckel Survey of Childbearing Women. This survey estimates the prevalence of HIV infection among childbearing women. The survey is based on the systematic unlinked testing for HIV antibody of residual blood specimens routinely collected on filter paper from newborn infants for metabolic screening.

HIV Sentinel Hospitals Survey. This survey monitors and detects HIV seroprevalence in populations at 39 acute-care hospitals in metropolitan areas throughout the United States.

Clinic-based HIV Serologic Surveys. These surveys include sentinel surveillance for HIV infection conducted in health clinics (sexually transmitted disease clinics, drug-treatment centers, tuberculosis clinics, women's health clinics, homeless health centers, juvenile detention facilities, and adolescent clinics) that serve persons with varying levels of risk for acquiring HIV infection.

Blood Collection Centers. This project collects data from the routine testing of blood donors and evaluates donation incentives and risk patterns of HIV-infected donors through detailed interviews and follow-up.

Surveillance of Occupationally Acquired HIV Infection. A surveillance system designed to determine the number of persons infected with HIV resulting from occupational exposure and to characterize incidents resulting in transmission.

The Adolescent/Adult and the Pediatric Spectrum of Disease Projects. Through a review conducted every 6 months of the medical records of HIV-infected persons, information is collected on the spectrum of illnesses (AIDS-defining and other) found in infected persons.

The Supplement to HIV/AIDS Surveillance Project. A project designed to obtain increased descriptive information on persons ≥ 18 years of age who have been reported with HIV infection and AIDS.

The Medical Examiner's Project. A project to more effectively describe medically underserved persons with HIV infection by identifying persons whose HIV infection was not recognized before death.

Perinatal AIDS Collaborative Transmission Studies. Studies conducted in multiple sites regarding issues surrounding risk factors for perinatal transmission and HIV testing of infants.

A study to investigate the prevalence of cervical intraepithelial neoplasia (CIN) and cervical cancer in HIV-infected and -uninfected women.

The HER Study, a study of HIV infection among women in four U.S. cities to determine the natural history of their infection, their access to health care, and other topics relevant to HIV/AIDS in women.

A major collaborative study of the relationship between HIV infection and crack cocaine use in 3000 study participants recruited from inner city neighborhoods in New York, Miami, and San Francisco.

A follow-up study to a long-term study of HIV infection in a cohort of HIV-infected and uninfected homosexual and bisexual men. The substudy will follow 200 HIV-infected men in San Francisco who have attributable dates of HIV infection to learn more about the biologic and behavioral cofactors that determine long-term survival.

2. Etiology and Pathogenesis

Studies involving the use of the polymerase chain reaction (PCR), direct DNA sequencing, and HIV strain-specific probes to identify closely related HIVs and to establish potential HIV transmission patterns.

Technologies for amplifying HIV viral cDNA from plasma and body fluids, amplifying proviral DNA from tissues, and quantitating viral burden from plasma and body fluids. These techniques will allow for the study of HIV in archived materials, for sequence comparisons in transmission investigations, and for vaccine and therapeutic efficacy trials.

Studies involving the use of genetic variability analysis and comparison of the evolutionary relationships among viral isolates to identify unique genetic variants and to establish HIV phylogenetic patterns among study populations.

New technology to detect zidovudine resistance mutations in the reverse transcriptase gene of the HIV-1 genome. This technology provides a surveillance tool for monitoring the spread of AZT resistance on a population basis.

Studies involving the use of site-directed serology to develop simple tests to rapidly and inexpensively screen for distribution of selected HIV strains throughout populations; this screening has had direct application in understanding the dynamics of HIV transmission patterns within specific high-risk behavior groups.

Studies to characterize determinants of HIV-2 pathogenesis in the *Macaca nemestrina* primate model. This model has the advantages of a host animal with lymphocyte phenotypes similar to man and rapid onset of disease manifestations, and provides for comparative analysis of primary human isolates.

Studies generating infectious clones of viral strains with distinctive pathogenic phenotypes and establishing library of cloned viral genes for evaluating genotypic markers of pathogenesis.

Evaluation of four alternative CD4 technologies for precision and

accuracy in HIV-infected and uninfected persons. These new technologies could potentially replace flow cytometry for the evaluation of HIV-infected persons.

3. Therapeutics

An analysis of *Pneumocystis carinii* pneumonia (PCP) in children which demonstrated that over half of cases occur in children 3-6 months of age and a study of recent pediatric PCP cases from several geographic areas to assess why the incidence of PCP has not changed significantly despite guidelines for prophylaxis.

4. Vaccines

A multisite study of HIV seroincidence and attitudes toward vaccine trials among gay and bisexual men. This study, conducted in three sites, will collect data regarding the willingness of homosexual/bisexual men to participate in HIV vaccine trials.

Two studies of the immune response of vaccine recipients in HIV phase I clinical trials. These studies are conducted in collaboration with the National Institute of Allergy and Infectious Diseases (NIAID). One study will examine the reactivity of vaccine recipients to commercially available immunoassays; the second study will map the epitopes in vaccines based on MN sequences and compare the immune response in vaccine recipients and persons with HIV infection.

Collaborative projects with NIAID and the Los Alamos National Laboratory and with the World Health Organization to accurately define the genetic variability of HIV's collected from distinct geographic areas of the world. This information can be used by PHS for the development of vaccines for potential clinical trials in one or more of the studied countries.

5. Behavioral Research

Studies of mothers and adolescents in Puerto Rico, Alabama, New York, and the Virgin Islands to examine the impact of selected familial, cultural, peer, and environmental factors on HIV risk and risk reduction behaviors among adolescents.

A study to investigate the use of the multiple exposure information in the AIDS case surveillance data set for understanding the epidemic. Modes most frequently recorded in conjunction with homosexual behavior were injecting drug use and heterosexual contact with an injecting drug user.

A study in New Jersey and New York City on psychosocial factors related to initiation and maintenance of safe sex practices among heterosexual HIV-discordant couples.

A study of behavioral characteristics and motivations for donations among HIV-seropositive blood donors identified at 20 U.S. blood collection centers.

A multisite project to determine HIV risk avoidance behavior among injecting drug users in New York, Baltimore, Chicago, New Haven, San Jose, and Los Angeles.

A study examining differences in HIV-related risk behaviors among white and black behaviorally bisexual men.

A study of 300 young homosexual and bisexual college students at more than 12 campuses in the Boston area.

RESOURCE

6. Training and Infrastructure

Training sessions on investigation of AIDS cases reported with no identified risk. Training is provided to health department staff involved in the investigation of AIDS cases reported with no identified risk regarding follow-up of cases.

A training curriculum for state and local health department surveillance coordinators regarding planning, implementing, and evaluating an HIV/AIDS surveillance program.

Training curricula for hemophilia care providers. Following a comprehensive assessment of training needs, developed three curricula for hemophilia care providers.

7. Dissemination of Research Findings

In addition to regular dissemination of research findings through conference presentations and through publication in the medical and scientific literature, the Division of HIV/AIDS produces two reports describing interval and cumulative data on HIV infection and AIDS and an annual compilation of HIV-related articles published in the *Morbidity and Mortality Weekly Report (MMWR)*.

The HIV/AIDS Surveillance Report. Demographic and other information from reported AIDS cases is disseminated through a quarterly report. Beginning with the first issue of 1994, similar information on cases of HIV infection reported from the 25 states with confidential HIV infection reporting is included in the Report.

The HIV Serosurveillance Summary. An annual report presenting information from ongoing HIV seroprevalence surveys conducted among designated subgroups of populations at risk for HIV infection as well as general populations.

Reports on HIV/AIDS - annual compilation of HIV-related MMWR articles and recommendations/guidelines.

2. BUDGET -

OHA will provide.

3. CONTACT INFORMATION:

Harold W. Jaffe, M.D.
Director

Division of HIV/AIDS
National Center for Infectious Diseases

Summary of HIV/AIDS Research
Division of Adolescent and School Health
National Center for Disease Prevention and Health Promotion
Centers for Disease Control and Prevention

1. Summary of research

Area of Emphasis: Behavioral Research

Youth Risk Behavior Surveillance System

The Youth Risk Behavior Surveillance System was developed to monitor HIV risk behaviors and other related health risks that contribute to the leading causes of mortality, morbidity, and social problems in the United States, assess how these risk behaviors change over time, and provide comparable data among subsamples of adolescents including those who attend school and those who do not.

In 1990, CDC began offering each state and selected local education agencies fiscal and technical assistance to conduct the Youth Risk Behavior Survey (YRBS) among representative samples of 9th through 12th grade students. During 1990, 24 states and 8 cities conducted the YRBS, in 1991 29 states and 10 cities conducted the YRBS, and in 1993 43 states and 13 cities conducted the YRBS.

In addition to the state and local data described above, national YRBS surveys were conducted in 1990, 1991, and 1993 and will continue to be conducted biennially throughout the decade. National probability samples of 9th through 12th grade students are selected from public and private schools. Schools with a large proportion of black and Hispanic students are oversampled to provide stable estimates for these subgroups.

Another component of the Youth Risk Behavior Surveillance System is the national household-based survey. In 1992, CDC and the Bureau of the Census administered the YRBS as part of the National Health Interview Survey (NHIS). The supplement was conducted among 12- to 21-year-olds from a national probability sample of households. Data from the survey is linked to other NHIS data collected from adult members of the household. Data were obtained from youth attending schools; not attending school, and college-aged youth. School-aged youth not attending school were oversampled.

In 1995, a national survey of college students is planned as the newest component of the Youth Risk Behavior Surveillance System. A modified version of the questionnaire will be mailed to a nationally representative sample of college students in 2- and 4-year public and private colleges and universities. College students aged 18-24 will be oversampled.

Research on HIV-Prevention Programs in Schools

Currently no national data exist regarding the extent to which school policies and programs are in place in the area of HIV prevention education. To fill this gap, the School Health Policies and Programs Study (SHPPS) was designed to 1) provide an in-depth examination of HIV-related policies at the state and district levels, 2) examine the extent to which state and district policies are carried out in schools, 3) provide national estimates of the duration of health instruction, content covered, teacher preparation, parental and community support, teaching methods, and the extent of skill-based instruction in HIV education. Reports from the study will be available in 1995.

HIV Prevention Program Evaluation

As part of cooperative agreement activities CDC provides fiscal and technical assistance to state departments of education in every state, the District of Columbia and selected territories and cities to conduct program evaluations in three areas, HIV policy, educator training, and curricula. Specifically, funded sites are directed to examine (1) the **process** used to develop or select policy, training, or curricula, (2) the comprehensiveness of the **content**, for example, whether policies address HIV education requirements, needs of persons infected with HIV, and infection control, (3) the fidelity of **implementation**, for example, whether the educator training was delivered as planned, and (4) the **outcomes** of the program, for example, whether the intervention produces positive changes students' HIV-related knowledge, attitudes, skills, and behaviors.

Research on Innovative School-Based Programs

CDC, in collaboration with state and local education agency staff have undertaken a number of short-term research studies. Two such studies, conducted in school systems in Colorado and San Diego, California, have recently been completed. At each site, a 15-lesson, classroom-based, HIV prevention curriculum was evaluated. These short-term studies help provide immediate guidance for program planners regarding the components of effective school-based HIV prevention programs.

In addition to short-term studies, CDC conducts longitudinal research on state-of-the-art interventions based on current theory, research, and practice. CDC and its contractors, are currently conducting two five-year intervention trials, one in Houston and San Jose; the other in New York/New Jersey. Both studies are designed to assess the efficacy of a multi-component, school-based HIV/STD intervention that includes school, home/parent, and community involvement. Although the particular interventions are unique to each site, both studies use the same core assessment instrument to measure self-reported behavioral outcomes. Results from these studies will add to the growing literature regarding the characteristics of effective interventions. Further, if found to be effective, these interventions can be rapidly disseminated through CDCs network of teacher training centers.

Cost-Effectiveness Research

Evidence that school-based HIV prevention programs are effective in altering risk behaviors does not ensure that such programs produce cost savings. Thus, CDC examines the costs to conduct such programs including teacher salaries, teacher training, classroom materials, and time in the curricula and compares these costs to the savings that would be accrued in reduced health care expenditures. *Cheaper to let them get infected...?*

→ get what we want?

Area of Emphasis: Information Dissemination

Research Synthesis

CDC has developed a research synthesis system to periodically analyze scientific findings through expert consensus and meta-analytic studies. For example a recent publication, "School-based programs to reduce sexual risk behaviors: A review of effectiveness", provides a synthesis of the characteristics of effective curricula based on an expert review of 23 publications.

In addition to consensus methods, CDC also has established a quantitative

database that permits the use of meta-analytic techniques. Translation of the synthesis findings to program planners through publications, presentations, and training is a key feature of the system.

2. Annual HIV/AIDS research budget

1993 - 2,914,684

1994 - 2,911,186

1995 - 2,911,186

Intramural Percentage - 30%

Extramural Percentage - 70%

Private Nonprofits Percentage - 15%

Private Industry Percentage - 85%

Foreign Agencies - 0%

3. Contact Information

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4. We have no existing or planned inter-agency or inter-departmental research collaborations.

5. We have no chartered external advisory committees.

**Summary of HIV/AIDS Research
Division of Reproductive Health**

Primary Prevention Research Projects

Project CARES (Comprehensive AIDS and Reproductive Health Education Study)

- This multi-site, 5-year project will develop and evaluate clinic-level interventions for the prevention of HIV in women and infants. Enhanced reproductive health counseling will address behaviors related to both disease prevention and pregnancy planning in a cohort of high risk and HIV-infected women.
- Barriers to care will be reduced through outreach and provision of services in non-traditional settings (e.g. drug treatment centers and homeless shelters).

Evaluating the Male Role in HIV Prevention and Reproductive Decision Making

- The objective of this study is to evaluate perceptions of the male role in contraceptive decision making and condom use for disease prevention among high risk heterosexual men and women of color and their partners.

The Cross-sectional Study of Contraceptive Use and Heterosexual Transmission of HIV in Northern Thailand

- The objectives of this study are to elucidate the role of contraceptives and other factors associated with heterosexual transmission of HIV infection from index infected males to their female partners. In addition to exploring the role of sex specific exposures like steroid hormone contraceptives in sexual transmission, other factors influencing the susceptibility of the female partner or the infectiousness of the male partner will be examined.

Secondary Prevention Projects

Women's AIDS Cohort (WACS) - State University of New York

- This project will evaluate the natural history of HIV disease in women. The Division of Reproductive Health (DRH) will specifically study gynecological disorders in HIV-infected women.

HIV Epidemiology Research Study (HER Study)

- This study will also explore the natural history of HIV disease in women. 800 HIV-infected and 400 uninfected women will be followed prospectively to determine the incidence, prevalence, and risk factors for both AIDS-defining and non-AIDS-defining illnesses. DRH's primary role will be to investigate exposures unique to women and sex-specific outcomes such as gynecologic manifestations of HIV disease.
- An additional component will assess reproductive decision making and contraceptive use in this cohort of women.

Pelvic Inflammatory Disease in HIV-infected Women

- This study will evaluate the etiology and clinical course of pelvic inflammatory disease (PID) in women with and without HIV infection.

CENTERS FOR DISEASE CONTROL AND PREVENTION

HIV/AIDS Prevention: Highlights and Status of Evaluation Projects

Strategic Plan Program Area I: *MONITOR THE EPIDEMIC*

<u>PROJECT</u>	<u>RESEARCH QUESTIONS ADDRESSED</u>	<u>START/END DATES</u>	<u>LESSONS LEARNED TO DATE</u>
<i>Evaluation of HIV reporting systems</i>	How useful are HIV infection reporting systems (named, anonymous, and other alternatives) in epidemiologic monitoring and what is their impact on programs providing HIV-related prevention, medical, and social services?	1994/ ongoing	- In states with named HIV infection reporting, public health benefits include linking HIV-infected persons with needed services and providing a minimum estimate of the number of HIV-infected individuals. - It is unclear whether named HIV reporting is a deterrent to persons at risk seeking HIV services.
<i>Mode of Transmission Validation (MTV) Project/ Heterosexual Transmission Study</i>	To what extent are various modes of transmission, especially heterosexual contact, misclassified among persons with AIDS?	1993/ ongoing	A recent CDC study of heterosexually acquired AIDS cases among men in Florida (<i>Am J Public Health</i> 1992;83:571-3) reclassified 23% to 42% of cases into other transmission categories after review of supplemental and medical records and, when necessary, interviews of patients or proxies. Additional in-depth studies are needed to validate transmission modes of men and women reported to AIDS and HIV surveillance, to determine the extent to which heterosexually acquired AIDS is increasing, and to characterize these increases.
<i>Modified system for AIDS case reporting and ascertainment of HIV-related morbidity</i>	What is the impact of the expanded AIDS surveillance case definition on the completeness and timeliness of reporting, on AIDS trends, and on the reporting of opportunistic illnesses?	1994/ ongoing	Data is expected to be available for analysis in late 1994.

Strategic Plan Program Area II: **IMPROVE PUBLIC UNDERSTANDING OF THE HIV EPIDEMIC**

<u>PROJECT</u>	<u>RESEARCH QUESTIONS ADDRESSED</u>	<u>START/END DATES</u>	<u>LESSONS LEARNED TO DATE</u>
<i>National Health Interview Survey (HIV Component)</i>	• What does the adult population know and believe about HIV transmission and AIDS? • What factors influence changes in HIV/AIDS knowledge and beliefs over time? • What changes in knowledge and beliefs have occurred over time? What gaps persist and in which populations? • What are the differences by racial/ethnic groups?	September 1987/ ongoing	• Most U.S. adults know the major modes of HIV transmission. • Myths persist regarding other modes of transmission. These myths are most pronounced among persons with low levels of education. • More people get AIDS information from TV ads than from any other source. • Parents who have read an HIV/AIDS brochure are more likely to speak with their own children about AIDS.
<i>Behavioral Risk Factor Surveillance System (HIV Component)</i>	• What do adults in different states know about HIV transmission and AIDS? • Does the level of knowledge about HIV/AIDS differ between states and/or racial/ethnic groups? • Do attitudes about HIV/AIDS differ between states and/or racial/ethnic groups? • Does the perception of condom effectiveness vary? Does the percentage of people believing condoms to be effective also vary?	1990/ ongoing	• Levels of HIV knowledge, attitudes, and behaviors vary among states and racial/ethnic groups. • Findings allow state-level development of educational materials that target gaps in knowledge about HIV/AIDS. • Of the 49 states participating in 1992: -- Approximately 90% of the general population knew where they could go to be tested for HIV, with large differences among states on where adults reported they could go (private doctor, public health clinic, etc.). -- A range of approximately 60% to 80% of adults in each state reported a willingness to work with an HIV-infected person. -- Approximately 90% of parents were willing to allow their child to attend school with an HIV-infected child. -- A range of approximately 40% to 65% of adults in reporting states believe that drugs exist that can lengthen the life of a person with AIDS, an increase of about 5% from the previous year.
<i>Evaluation Research for Health Communications Planning</i>	• Research Goal: To gather nationally representative information to help NAJEP plan its health communications activities and prioritize education campaign objectives, as well as to identify potential campaign messages, and to identify specific target audiences for more in-depth formative research.	1991/ ongoing	• Survey to be conducted every 2 years. • Major Findings: -- 86% of adults believe that HIV/AIDS education should be a major federal priority. -- 64% believe there should be laws to prevent discrimination against people with HIV.

(Continued on page 3)

Strategic Plan Program Area II: *IMPROVE PUBLIC UNDERSTANDING OF THE HIV EPIDEMIC* (Continued)

<u>PROJECT</u>	<u>RESEARCH QUESTIONS ADDRESSED</u>	<u>START/END DATES</u>	<u>LESSONS LEARNED TO DATE</u>
<i>Evaluation Research for Health Communications Planning (Cont'd)</i>			-- 19% of adults 18-39 years of age reported having "done something" in the last 5 years to put themselves at risk of getting the AIDS virus. -- 58% of adults 18-39 years of age believe that condoms are very effective in preventing the transmission of HIV through sexual activity. -- 41% of sexually active adults 18-39 years of age reported they had "never" used condoms during the past year, while 15% reported that they "always" used them during the past year.
<i>Evaluation of HIV/AIDS Public Service Announcement (PSA) airings and audience demographic profiles (Nielsen data)</i>	• What is the frequency, market value, and potential audience of radio and TV public service announcements (PSAs)? • Which PSAs receive the greatest amount of air play by the networks and within major media markets? • Which media markets do not air HIV/AIDS PSAs?	October 1987/ ongoing	• These data have served as NAIEP's primary source of process evaluation for its America Responds to AIDS (ARTA) campaign. Since October 1987, ARTA has received more than an estimated \$100 million in donated air time from television networks, cable stations, and local television stations. No new ARTA materials have been released since Phase VI (July 1992), yet in March 1993 ARTA received donated air time worth more than \$2 million, with airings during daytime soap operas and top ten prime-time situation comedies.
<i>Evaluation of CDC National AIDS Hotline</i>	• Who is using the Hotline? What topics are they discussing? • Are there shifts in caller demographics and issues of concern over time? • What impact do selected programs, PSAs, and AIDS-related "special events" directed at the general public and specific target audiences have on these demographics and concerns?	July 1992/ ongoing	• Survey has an 81% response rate. • 70% of callers are first-time callers. • 46% of callers heard about the Hotline from TV. • 56% of callers are female. • More than 70% of callers are less than 35 years of age. • 14% of callers are black; 9% are Hispanic. • The top three caller concerns are transmission, testing, and prevention. • The ABC TV special, "In a New Light," which focused on volunteering as a way to help in the fight against AIDS, and which broadcast the CDC Hotline number throughout the program, had a significant impact on the demographic profile of callers and what they were calling about.

Strategic Plan Program Area II: **IMPROVE PUBLIC UNDERSTANDING OF THE HIV EPIDEMIC** (Continued)

<u>PROJECT</u>	<u>RESEARCH QUESTIONS ADDRESSED</u>	<u>START/END DATES</u>	<u>LESSONS LEARNED TO DATE</u>
<i>Needs assessment: prevention marketing program</i>	● Research Objective: To develop profiles among young adults 18-25 years of age in each of the following groups, on a variety of issues relevant to concepts and channels for promoting risk reduction and prevention relative to HIV and AIDS: -- Not sexually active -- Recently became sexually active -- Sexually active, consistent condom users -- Sexually active, sometime condom users -- Sexually active, trial condom users -- Sexually active, no condom use	Fall 1993/ Fall 1994	● A number of focus groups will be conducted across the United States among males, females, gay/bisexual males, blacks, Hispanics, and those considered to be economically disadvantaged. Surveys will then be conducted to determine differences among these groups. ● Preliminary data is expected in Spring 1994.
<i>Development and implementation of a comprehensive evaluation plan for CDC's Business Responds to AIDS (BRTA) initiative</i>	● How can we help improve the implementation, operation, effectiveness, and/or efficiency of BRTA program activities?	January 1991/ ongoing	● BRTA Program dimensions and their related activities, targets, and intended effects have been determined and described. A comprehensive evaluation plan has been developed. Designs include needs assessments; formative evaluation research; and process, effectiveness, and efficiency evaluations, as appropriate. ● Major activities to be undertaken in FY 94 include (1) consolidate existing research on workplace HIV/AIDS activities to bolster the theoretical basis behind the BRTA program; (2) conduct a national prevalence study of BRTA recommendations for a comprehensive HIV/AIDS response by business; (3) evaluate the effectiveness of BRTA regional HIV/AIDS programs; and (4) initiate a 12-month, multilevel study to track the developmental process and effectiveness of BRTA-stimulated business responses to HIV/AIDS within a targeted community.

Strategic Plan Program Area II: *IMPROVE PUBLIC UNDERSTANDING OF THE HIV EPIDEMIC* (Continued)

<u>PROJECT</u>	<u>RESEARCH QUESTIONS ADDRESSED</u>	<u>START/END DATES</u>	<u>LESSONS LEARNED TO DATE</u>
<i>Development and implementation of an effectiveness evaluation plan for the American Red Cross (ARC) "AIDS in the Workplace" training program</i>	● Is the ARC meeting its learning objectives in each of the five modules of the "AIDS in the Workplace" program, including whether or not participants in the "AIDS in the Workplace" program are experiencing any measures of behavior change or behavior change intent as a result of participating in the program?	Summer 1993/ Fall 1994	● Final instrumentation and methodology for assessing the American Red Cross Workplace Education training program are being developed. ● Assessment will be completed by the end of FY 94.
<i>HIV/AIDS video intervention with runaway youth</i>	● How do runaway and homeless youth of different ethnic backgrounds process HIV-related information presented in the "Teen AIDS in Focus" video?	September 1992/ October 1993 <i>Extension:</i> October 1993/ January 1994	● This is one of the Behavioral Research & Evaluation Projects.Targeting Communities of Color (BREPTCOC). ● Extension time will be used to develop recommendations for HIV prevention efforts directed at homeless and runaway youth. ● Major lessons learned: -- The video had minimal effects on the attitudes of runaway and homeless youth. -- 88% of the youth are sexually active, with 63% reporting four or more sex partners. -- 91% of the youth report having learned about HIV/AIDS in school. -- 43% of the youth report using condoms "sometimes," "occasionally," or "never." -- Youth of different ethnic backgrounds differ significantly on HIV-related attitudes and behaviors. Black youth report earlier age of sexual activity, higher number of sex partners, and higher and more consistent use of condoms.

Strategic Plan Program Area III: **PREVENT RISK BEHAVIORS AMONG STUDENTS**

<u>PROJECT</u>	<u>RESEARCH QUESTIONS ADDRESSED</u>	<u>START/END DATES</u>	<u>LESSONS LEARNED TO DATE</u>
<i>National, state, and local school-based Youth Risk Behavior Survey*</i>	● How prevalent are priority health-risk behaviors among students in grades 9-12?	1990/ ongoing	● Many high school students are at risk for HIV infection because they have engaged in sexual intercourse or injected drugs. Recent findings: -- 54% of all students reported ever having sexual intercourse; -- 46% of sexually active students reported using a condom during last sexual intercourse; -- 31% had consumed 5 or more drinks of alcohol on at least one occasion during the previous 30 days; -- 31% reported using marijuana at least once; -- 6% reported using cocaine at least once; -- 1.5% reported injecting drugs.
<i>National Health Interview Survey--Youth Risk Behavior Supplement (Household Survey)</i>	● How prevalent are priority health-risk behaviors among youth aged 12-21? ● What are determinants of priority health-risk behaviors?	1992	● Data will be available in 1994.
<i>Short-term evaluations in Colorado and California of school-based HIV prevention curricula</i>	● How effective are school-based HIV prevention curricula in delaying the onset of sexual intercourse, increasing abstinence among previously sexually active adolescents, and increasing condom use among adolescents who continue to engage in sexual intercourse?	September 1991/ May 1992	● Manuscripts will be submitted for publication.

**Although the Youth Risk Behavior Surveillance System is a surveillance system designed to measure priority health-risk behaviors among adolescents over time, rather than an evaluation project, it does provide important data to address evaluation questions.*

Strategic Plan Program Area III: *PREVENT RISK BEHAVIORS AMONG STUDENTS (Continued)*

<u>PROJECT</u>	<u>RESEARCH QUESTIONS ADDRESSED</u>	<u>START/END DATES</u>	<u>LESSONS LEARNED TO DATE</u>
<i>Long-term evaluations of development, conduct, and evaluation of school-based intervention programs to reduce behaviors that result in HIV/STD infection</i>	● To what extent are state-of-the-art school-based programs effective in reducing behaviors that result in HIV infection and other sexually transmitted diseases?	September 1991/ September 1996	● Baseline data was collected in Fall 1993. Two-year interventions are now underway. ● Data will be available in late 1996.
<i>School health policies and programs study</i>	● What are the state policies for HIV education? ● What are the school district requirements by grade level for HIV education (among a national probability sample of school districts)? ● What are the individual school HIV policies and programs (among a national probability sample of schools)?	1987/ 1994	● Number of states requiring HIV education increased from 17 in 1987 to 34 in 1992. In 1989, 67% of districts in the nation required HIV education, but only 37% required HIV education at the 12th grade level. (First national survey of individual school HIV policies and programs is planned for 1994.)
<i>Synthesis of evaluation research results from HIV/STD/pregnancy prevention intervention programs involving schools</i>	● What programs are effective? ● What are the characteristics of effective programs? ● What gaps exist in the current knowledge about effective programs?	1992/ ongoing	● Database with compilation of reports, articles, and monographs on HIV/AIDS education to be created in 1993 and continuously updated. ● Meta-analytic study of effective AIDS education studies on adolescent sexual behavior are now underway; to be completed and submitted for publication in Fall 1994. ● Manuscript based on expert panel review of published research on school HIV/STD/pregnancy prevention research was accepted for publication by <i>Public Health Reports</i>, January 1993.

Strategic Plan Program Area IV: ***PREVENT OR REDUCE BEHAVIORS OR PRACTICES WHICH TRANSMIT HIV***

<u>PROJECT</u>	<u>RESEARCH QUESTIONS ADDRESSED</u>	<u>START/END DATES</u>	<u>LESSONS LEARNED TO DATE</u>
<i>AIDS Evaluation of Street Outreach Programs (AESOP)</i>	• What are the components, coverage, and cost of currently operating street/community outreach interventions to reduce the risk for HIV among injecting drug users (IDUs) and youth in high-risk situations (YHRS)? • What enhancements can be made to street outreach services that will improve their ability to reduce high-risk behavior?	1991/1994	• First round of surveys to measure risk behaviors and exposures to outreach have been completed. Second round is beginning. • Despite common elements of outreach, sites vary greatly on services (condoms, bleach, pamphlets, and referrals), and on locations of service delivery (street congregating areas, shooting galleries, homeless shelters, soup kitchens, and homeless settlements). • Preliminary interviews with risk group members indicate that many are aware of outreach workers, were comfortable talking to them, and had received information, materials, and other services from them.
<i>AIDS Community Demonstration Projects</i>	• Can community-level approaches to behavior change reduce HIV risk behaviors among hard-to-reach populations? • Can condom use be increased among individuals practicing risky sex? • Can bleach use for cleaning shared needles be increased among hard-to-reach populations through community-level approaches to behavior change?	1989/1994	• Social norms play an important role in the initiation and maintenance of behavior change. • Confidence in the ability to use condoms, perception of condoms as pleasurable, and perceived risk are "significantly" associated with condom use among hard-to-reach groups, especially prostitutes and female sex partners of IDUs. • Interventions delivered by peers may be viewed as more credible and sensitive than interventions delivered by local, state, or federal health officials. • Process evaluation of volunteer networks at the sites suggests that volunteers can be successfully recruited and retained to intervene with hard-to-reach groups and provide HIV prevention messages in their communities. • Effective intervention to increase the rate of condom use must offer more than abstract information about the prophylactic importance of condoms, must emphasize consistent condom use with primary as well as casual sex partners, and should include specific training in condom use. • Data from a sample of prostitutes in Long Beach indicate that different approaches may be needed to encourage condom use with different types of partners.

(Continued on page 9)

Strategic Plan Program Area IV: **PREVENT OR REDUCE BEHAVIORS OR PRACTICES WHICH TRANSMIT HIV (Continued)**

<u>PROJECT</u>	<u>RESEARCH QUESTIONS ADDRESSED</u>	<u>START/END DATES</u>	<u>LESSONS LEARNED TO DATE</u>
<i>AIDS Community Demonstration Projects (Cont'd)</i>			• The timing, content, and delivery of instruction messages must be tailored to the target population's location on a continuum of behavior change (STAGES OF CHANGE model). • An implementation manual will be prepared for distribution to all state and local health departments and CDC-funded CBOs once efficacy of approach has been documented.
<i>Prevention of HIV in women and infants</i>	• Research Goal: To design, implement, and evaluate community-level interventions to prevent the spread of HIV in women and to prevent perinatal transmission to the infants of young women infected with HIV. -- Are stage-tailored interventions effective in moving women at risk for HIV infection along the continuum of behavior change for increased condom use and contraceptive use? -- What factors influence women's movement through the stages of change for condom use and contraceptive use?	1991/1996	• The applicability of the Stages of Change model for measuring condom and contraceptive behavior change was assessed. Structured interviews with 300 high-risk women were conducted at the research sites. Findings supported the validity and reliability of the measurement model. • 750 qualitative interviews were conducted in Year 1 formative research. • 2,500 baseline evaluation surveys were completed in June 1993. These surveys explored the characteristics of condom use and disease prevention, contraceptive use, and reproductive decision-making among members of the target populations. • Pilot testing of intervention strategies were completed September 1993 and revised interventions implemented in October 1993. The multisite intervention protocol includes the Stages of Change model; development of peer volunteer networks for diffusions of materials, behavioral cuing, and social reinforcement; development of stage-based HIV/STD prevention messages and materials; implementation of stage-tailored outreach to women in the community; and development and implementation of a Community Mobilization framework to mobilize community members around HIV/STD prevention activities. • 18 Street Outreach Specialists were trained in providing stage-based outreach encounters and the use of influencing factors for stage-tailored HIV/STD prevention messages.
<i>Sites:</i>	<i>Philadelphia, PA</i> (Philadelphia Health Management Corporation) <i>Portland, OR</i> (Multnomah County Health Department) <i>Pittsburgh, PA</i> (Family Health Council of Pittsburgh) <i>Oakland, CA</i> (Alameda County Health Care Services) <i>San Francisco, CA</i> (City and County)		

Strategic Plan Program Area IV: **PREVENT OR REDUCE BEHAVIORS OR PRACTICES WHICH TRANSMIT HIV (Continued)**

<u>PROJECT</u>	<u>RESEARCH QUESTIONS ADDRESSED</u>	<u>START/END DATES</u>	<u>LESSONS LEARNED TO DATE</u>
<i>Hemophilia behavioral intervention evaluation project-- adolescent</i>	● What is the role of perceived social norms/peers in risk reduction? ● What is the importance of communication with prospective sex partners about safer sex, and with family/friends to enhance well being? ● What are the most effective ways to encourage safer sex, including abstinence?	1990/1995	● Preliminary formative qualitative and quantitative data suggest: -- Peer influences are important for older adolescents with regard to condom use, while parents and family members are more important influences for younger adolescents. -- More than half of the adolescents surveyed report talking to all their sex partners about risk reduction and understand the value of doing so. -- Common concern was expressed about fear of rejection or abandonment as the primary barrier to talking to partners about risk reduction. ● Baseline data (descriptive analyses) should be available by June 1994 and outcome data by June 1995.
<i>Hemophilia behavioral intervention evaluation project--adult</i>	Same as above, plus: ● What is the reproductive decision-making process in couples with HIV infection?	1990/1995	● Preliminary formative qualitative and quantitative data suggest: -- Social Norms: (1) All men believed parents and friends would approve of them using condoms; 89% believed their partners would approve of using condoms. (2) Conversely, more than 95% were concerned about their partners' opinions, while fewer than 50% were concerned about parents' and friends' opinions. -- Communication: (1) Both men and their female partners were concerned about the other partner's reactions (fear, anxiety, depression) as a result of talking about risk reduction. This concern was balanced by the female partner's perception that communication enhanced intimacy and helped them understand each other. (2) Single men believed developing emotional intimacy and trust before the onset of a sexual relationship made it easier to talk about risk reduction.

Strategic Plan Program Area IV: **PREVENT OR REDUCE BEHAVIORS OR PRACTICES WHICH TRANSMIT HIV (Continued)**

<u>PROJECT</u>	<u>RESEARCH QUESTIONS ADDRESSED</u>	<u>START/END DATES</u>	<u>LESSONS LEARNED TO DATE</u>
<i>Cost-effectiveness model for HIV prevention strategies for women and infants</i>	● How can we estimate the opportunity costs of alternative HIV prevention methods?	1990/1993	● Preliminary data suggest that the model is accurate and has the ability to project the effect of a wide range of prevention strategies. For example, getting people who don't currently use condoms to start using them may have less effect on the number of HIV-infected infants born than getting those persons who currently report occasional condom use to use them more regularly. ● Data analysis is ongoing.
<i>Project CARES (Comprehensive AIDS and Reproductive Health Education Study)</i>	● Research Goal: To develop and evaluate clinic-level interventions for the prevention of HIV infection in women and infants. -- What are the determinants of readiness to change HIV risk behaviors among high-risk women accessed through nontraditional settings, such as homeless shelters? -- Will counseling intervention tailored to high-risk women's readiness to change their behavior be more effective than standard family planning services in decreasing unplanned pregnancies and HIV infection?	1991/1996	● The applicability of the Stages of Change model for measuring condom and contraceptive behavior change was assessed. Structured interviews with 300 high-risk women were conducted at the research sites. Findings supported the validity and reliability of the measurement model. ● A manual entitled <i>Project CARES Advocates' Guide to Stages of Change Counseling</i> has been produced with chapters on (1) reproductive decision-making, (2) condom use with main and other partners, (3) contraceptive use, (4) counseling for women who wish to become pregnant, and (5) use of the Stages of Change model. ● Nine paraprofessionals from the three sites have participated in three intensive training sessions on the use of the specialized counseling manual. Study enrollment is underway, and 6-month follow-up assessments have begun. -- To date, 871 women have been enrolled in Project CARES (N=456 receiving Advocate services; N=415 receiving standard services). -- Women have been receptive to receiving behavior change counseling services from the paraprofessionals, called CARES Advocates. -- Advocates report that the Stages of Change counseling strategy is relevant for this population and that they have been able to use it effectively. -- Advocates who have reached their caseload target of 36 clients report that seeing this many clients regularly each month is feasible. ● Revisions were made to the data collection tools and process. The PFA data collection form was modified to capture the time spent by staff providing ECT services. Strategies were developed to increase client and provider participation in the survey.
<i>Sites:</i>	<i>Philadelphia, PA</i> (Family Planning Council of S.E. Pennsylvania) <i>Baltimore, MD</i> (Johns Hopkins University) <i>San Francisco, CA</i> (City and County of San Francisco)		

Strategic Plan Program Area IV: **PREVENT OR REDUCE BEHAVIORS OR PRACTICES WHICH TRANSMIT HIV (Continued)**

PROJECT	RESEARCH QUESTIONS ADDRESSED	START/END DATES	LESSONS LEARNED TO DATE
<i>Evaluation of family planning clinics providing HIV Education, Counseling, and Testing (ECT) services for women</i>	• How are family planning (FP) clinics incorporating HIV prevention services into their service strategies and policies? • What is the impact of HIV prevention services on patient flow and clinic efficiency? • What are the opinions of FP providers regarding their participation in HIV prevention services, including their need for HIV-related training? • What are the clients' perceptions regarding HIV services they receive in FP clinics?	1993/1995	• Based on the findings from the pilot project (see below), the study will be conducted only in FP service sites receiving Title X funds in four Public Health Service Regions (Region II, IV, IX, and X). • The research protocols and data collection instruments have been revised and discussed with the four participating Regions. • Data will be collected from April to July 1994. • Data are expected to be available for analysis in late 1994.
<i>Pilot study to evaluate HIV prevention services (ECT) in clinics serving women</i>	• How can HIV prevention services (ECT) be integrated into existing health-care settings? • What is the impact of providing ECT services in existing health-care settings?	1991/1993	• The pilot project was successful in identifying areas that required improvement in the final phase of the project. At the completion of the pilot project, 15 clinics that provide HIV ECT prevention services to women were examined. At each site, the following data were collected and analyzed: -- Patient Flow Analysis (PFA) -- Clinic Profile -- Provider Opinion Survey -- Client Opinion Survey • Based on the experience from the pilot project, the clinic selection criteria were revised to limit the type of health-care settings that will be included in the final study to FP clinics receiving Title X funds that provide HIV ECT services.

Strategic Plan Program Area IV: **PREVENT OR REDUCE BEHAVIORS OR PRACTICES WHICH TRANSMIT HIV (Continued)**

<u>PROJECT</u>	<u>RESEARCH QUESTIONS ADDRESSED</u>	<u>START/END DATES</u>	<u>LESSONS LEARNED TO DATE</u>
<i>Estimates of the impact and cost of HIV prevention among injecting drug users (IDUs)</i>	• What is the relative impact (HIV infections averted) by a variety of HIV prevention interventions (HIV counseling and testing, extended counseling/education, integrated services, partner notification, bleach distribution, and treatment of drug dependency)? • What is the estimated cost per HIV infection averted for these interventions? • How do impact, cost, and cost per HIV infection averted vary by geographic location?	1990/1992	• The project was carried out by the Institute for Health Policy Studies of the University of California at San Francisco. • The final report was completed in September 1992. Major findings: -- Impact (HIV infections averted) is due mainly to decreased risk behaviors in IDUs (cessation of injection, reduced frequency of needle sharing, and lower frequency of having sex without condoms). -- HIV infections are averted in IDUs, in their sex partners, and in their offspring. -- Treatment of drug dependency has the greatest impact--many IDUs stop injecting and others decrease injecting and sharing. It is the intervention most likely to sharply diminish spread of the HIV epidemic. -- Some interventions (counseling and testing, extended counseling/education) lead to reductions in both drug and sexual risk behaviors. Bleach distribution increases disinfection of HIV-infected syringes. Partner notification successfully refers a minority of IDU contacts to HIV counseling and testing. As of 1992, data on behavioral effects of integrated services were inadequate for modeling. -- Cost per HIV infection averted is lowest for extended counseling/education (about \$4,000), and second lowest for HIV counseling and testing (\$7,000 to \$13,000). Bleach distribution appears more expensive (\$15,000 to \$30,000), excluding benefits from associated condom distribution. Partner notification appears most expensive (\$32,000 to \$66,000). Each of these interventions costs less than treating HIV disease. Treatment of drug dependency, which pays for itself through reduced crime and increased employment, provides additional HIV-related benefits of \$5,000 to \$7,000 per treatment slot per year. -- Several factors which vary by geographic location appear to lower the cost per HIV infection averted. These include high HIV prevalence, more frequent risk behaviors, and lower labor costs.

Strategic Plan Program Area IV: PREVENT OR REDUCE BEHAVIORS OR PRACTICES WHICH TRANSMIT HIV (Continued)

<u>PROJECT</u>	<u>RESEARCH QUESTIONS ADDRESSED</u>	<u>START/END DATES</u>	<u>LESSONS LEARNED TO DATE</u>
<i>Description and review of needle/syringe exchange (NSE) programs in the United States and Canada</i>	• What are the operating characteristics of NSEs? • What is the cost of operating NSE programs? • What have been the community reactions to NSE? • Do NSEs affect the number of discarded needles and syringes? • What is the impact of NSEs on HIV infection and other diseases? • What is the impact of NSE programs on drug use? • What is the coverage of NSE programs in the cities where they operate?	1992/199	• The project was carried out by a team from the University of California School of Public Health at Berkeley and the University of California at San Francisco. • The final report was released in September 1993. Major findings: -- Some NSEs have made significant numbers of referrals to drug abuse treatment and other public health services, but referrals are limited by the paucity of drug treatment slots. -- NSEs generally reach a group of IDUs with long histories of drug injection who remain at significant risk for HIV infection. NSE program clients in the United States have had less exposure to drug abuse treatment than IDUs not using the programs. -- NSEs that are adequately funded do have the potential to serve significant proportions of the local IDU population. However, less well funded NSEs are reaching only a small fraction of IDUs. Other methods of increasing sterile needle and syringe availability must be explored. -- Available data provide no evidence that NSEs increase the amount of drug use in a community. -- U.S. NSEs have not been shown to increase the total number of discarded syringes and can be expected to result in fewer discarded needles and syringes. -- Most studies of NSE program clients show decreased rates of HIV drug-risk behavior, but not decreased rates of HIV sex-risk behavior. -- Studies provide limited evidence that NSEs are associated with reductions in subcutaneous abscesses and hepatitis B among IDUs. -- These studies cannot provide clear evidence that NSEs decrease HIV infection rates; however, NSEs do not appear to be associated with increased rates of HIV infection. -- Mathematical models suggest that NSEs can prevent significant numbers of infections among clients, their drug-using and sex partners, and their offspring. In almost all cases, the cost per HIV infection averted is far below the lifetime cost of treating an HIV-infected person.

Strategic Plan Program Area IV: PREVENT OR REDUCE BEHAVIORS OR PRACTICES WHICH TRANSMIT HIV (Continued)

<u>PROJECT</u>	<u>RESEARCH QUESTIONS ADDRESSED</u>	<u>START/END DATES</u>	<u>LESSONS LEARNED TO DATE</u>
<i>Use of bleach to clean drug injection equipment</i>	• How do IDUs describe their use of bleach to disinfect drug injection equipment? • How does observed bleach use compare to descriptions of bleach use? • What is the relationship of described use and observed use of bleach to beliefs about the effectiveness of bleach? • How many needles and syringes do IDUs obtain and retain?	1992/1993	• The project was carried out at the Johns Hopkins School of Hygiene in Baltimore, Maryland. • Preliminary data was presented in February 1993. The final report has been submitted for publication in a peer-reviewed journal.
<i>Development of evaluation criteria for sharps containers</i>	• Is there a universal design for sharps containers that reduces occupational exposure to needles and sharps? • What role do placement and construction play in the safety efficacy?	1991/1993	• Sharps containers are usually purchased and placed by administrators or engineers with little or no input from users. Consultants meeting held in FY 93 resulted in draft evaluation criteria. Draft report is being prepared.
<i>Development of evaluation criteria for anti-needlestick devices</i>	• What engineering controls are currently available? • What are the features of effective devices? • What improvements are needed? • What is the level of usage of these safer devices?	1993/1994	• Costs of safer needles are a disincentive to hospitals. • Designs are "first generation" and require improvement. • Patient safety must also be considered.

Strategic Plan Program Area IV: **PREVENT OR REDUCE BEHAVIORS OR PRACTICES WHICH TRANSMIT HIV (Continued)**

<u>PROJECT</u>	<u>RESEARCH QUESTIONS ADDRESSED</u>	<u>START/END DATES</u>	<u>LESSONS LEARNED TO DATE</u>
<i>Prospective evaluation of health-care workers exposed to the blood of patients infected with HIV</i>	● What is the estimated risk of HIV infection in health-care workers exposed via the parenteral or mucous-membrane route to the blood of persons infected with HIV, according to type of exposure? ● What are the circumstances of the exposures sustained by health-care workers? ● What are the clinical natural history of and development of laboratory markers for HIV infection in health-care workers enrolled in this project who seroconvert to HIV? ● Do health-care workers exposed to HIV-infected blood use post-exposure chemoprophylaxis?	August 1983/ ongoing	● As of June 30, 1993, 1,891 health-care workers were tested for HIV antibody at least 6 months after the date of occupational exposure; 5 (0.3%) of 1,664 workers with percutaneous injuries (i.e., needlesticks or cuts with sharp objects) seroconverted to HIV. None of 227 health-care workers with mucous membrane or non-intact skin exposure seroconverted in this study. ● Preliminary analysis indicates that at least 60% of the percutaneous exposures could have been prevented with the use of new or modified medical devices. ● The percentage of exposed HCWs who take post-exposure AZT has increased over time, from 5.4% in 1988 to more than 50% in 1992. ● Data analysis is ongoing.
<i>Retrospective evaluation of the risk of transmission of HIV from infected health-care workers to patients during invasive procedures</i>	● What are the specific invasive procedures being performed by HIV-infected surgeons and dentists? ● What is the risk of HIV transmission from infected HCWs to patients?	March 1990/ ongoing	● Of more than 19,000 patients of HIV-infected HCWs, no case of transmission to patients has been identified except for the 6 patients of a dentist in Florida. These data support the CDC assessment that the risk of transmission is very small. ● Data analysis is ongoing.

Strategic Plan Program Area IV: **PREVENT OR REDUCE BEHAVIORS OR PRACTICES WHICH TRANSMIT HIV (Continued)**

<u>PROJECT</u>	<u>RESEARCH QUESTIONS ADDRESSED</u>	<u>START/END DATES</u>	<u>LESSONS LEARNED TO DATE</u>
<i>Surveillance of blood contact during phlebotomies and IV catheter insertions</i>	• What are the nature, frequency, and circumstances of HCW exposures to blood related to phlebotomies and peripheral IV placement? • What are the risk factors for exposure to blood during these procedures? • Are engineering controls (i.e., new medical devices) effective in preventing blood contact during these procedures?	September 1992/ ongoing	• Data will be available in February 1994.
<i>Estimation of the frequency and preventability of blood and amniotic fluid contact among obstetrical personnel performing deliveries and gynecological personnel performing operating procedures</i>	• What are the nature, frequency, and circumstances of HCW exposures to blood during surgical and obstetrical procedures? • Are preventive measures (devices, techniques, personal protective equipment, education programs) effective in reducing the frequency of blood contact? • Are there adverse patient outcomes associated with the interventions?	September 1991/ ongoing	• During the first 3 months of observations, a skin or mucous membrane blood contact or percutaneous injury occurred in 64 (15%) of 437 vaginal deliveries and 20 (22%) of cesarean sections. At least half of the skin and mucous membrane contacts could have been prevented by commonly available barrier precautions. • Data collection is ongoing.

Strategic Plan Program Area IV: **PREVENT OR REDUCE BEHAVIORS OR PRACTICES WHICH TRANSMIT HIV (Continued)**

<u>PROJECT</u>	<u>RESEARCH QUESTIONS ADDRESSED</u>	<u>START/END DATES</u>	<u>LESSONS LEARNED TO DATE</u>
<i>Evaluation of current methods of counseling and testing versus enhanced methods of counseling and testing (Project RESPECT)</i>	• What type of counseling enhancement might optimize current counseling and testing (CT) services in reducing high-risk behaviors? • How can counseling enhancements be effectively conducted in STD clinics? • How much more effective is an enhanced intervention at reducing high-risk behaviors than current CT services? • Which clients are most effectively reached by the enhanced intervention?	1991/1994	• Format and content of the enhance intervention have been established. Four one-on-one, client-centered counseling sessions will focus on risk assessment, increasing skills in using condoms, communicating effectively with partners about condom use, and recognizing barriers to condom use. • A standard set of data collection instruments has been developed and is now in use at all five study sites. • The randomized trial comparing the enhanced intervention, standard HIV prevention counseling, and a clinician-provided health education intervention began in August 1993. Follow-up of study participants will continue for 18 months. Outcome measures include any new STDs recorded in the STD clinic record and self-reported episodes of risk behaviors.
<i>Heterosexual Intervention Project (HIP): randomized controlled trial of STD-prevention counseling</i>	• What are the feasibility and efficacy of a behavioral intervention to reduce the incidence of STDs in high-risk heterosexual patients of an STD clinic in San Francisco?	1989/1993	• Developed and successfully pilot-tested a series of four one-on-one counseling sessions using the Cognitive Social Learning Theory (and other theories). • Completed enrollment, intervention, and follow-up of 200 persons in the intervention arm and 200 persons in the comparison arm of the study. • 39% of those eligible agreed to participate. 59% of the intervention group attended all four intervention sessions. 75% completed a follow-up interview and physical exam at either 3 or 5 months (most did both 3 and 5 months). • Final evaluation of this randomized controlled trial is in progress.
<i>Randomized controlled trial of the effect of group STD prevention counseling on STD clinic clients</i>	• What are the feasibility and efficacy of group counseling to reduce the risk of STD/HIV among high-risk persons attending an STD clinic in Houston?	1991/1994	• Developed and successfully pilot-tested a series of group counseling sessions focusing on STD/HIV prevention. • Enrolled 500 persons in each arm of the randomized controlled trial. • To date, attendance at the group sessions has been as follows: 61% attend at least two sessions, and 39% all five. • Attendance at follow-up evaluations has been less than 50%. STD clinic records will be used to see which subjects return to the clinic (or others in Houston) with a new STD.

Strategic Plan Program Area V: **INCREASE INDIVIDUAL KNOWLEDGE OF HIV SEROSTATUS AND IMPROVE REFERRAL TO APPROPRIATE PREVENTION AND TREATMENT SERVICES**

<u>PROJECT</u>	<u>RESEARCH QUESTIONS ADDRESSED</u>	<u>START/END DATES</u>	<u>LESSONS LEARNED TO DATE</u>
<i>Development and integration of computer-assisted assessment and education (CACE) with computer-assisted counseling/testing (CACTI)</i>	• Can computer software be developed to assess psychosocial and behavioral factors and generate prescriptive recommendations to clients (advice) or customized counseling scripts which can be used by HIV counselors to maximize effectiveness and efficiency of, and decrease random variability or bias in, HIV counseling sessions?	1992/1993	• A contract for data collection was awarded to the Council of State and Territorial Epidemiologists (CSTE). • Phase one of CACTI was completed on September 30, 1993. A summary of the formative/developmental phase was presented to an NCPS STD/HIVP Update audience in August 1993. • While the results showed important promise, no funds were available to support the implementation phase of the evaluation. • A formal written report is expected.
<i>HIV prevention and early intervention service projects (with HRSA)</i>	• How can we integrate early medical intervention and HIV prevention services for seropositive individuals following post-test counseling?	1991/1994	• Final report, "Seven Cities HIV Early Intervention Demonstration Project: First Year Implementation and Network Operation," was published April 16, 1993. • The report indicates that coordination of primary and secondary prevention is time consuming, demand for primary care by persons infected with HIV may be greater than the supply, leadership is critical in bridging provider organizations, and programs that operate well include a partnership of governmental and nongovernmental • A study of three cities that had delayed implementation will be conducted; the data will be available in FY 94.

Strategic Plan Program Area V: INCREASE INDIVIDUAL KNOWLEDGE OF HIV SEROSTATUS AND IMPROVE REFERRAL TO APPROPRIATE PREVENTION AND TREATMENT SERVICES (Continued)

<u>PROJECT</u>	<u>RESEARCH QUESTIONS ADDRESSED</u>	<u>START/END DATES</u>	<u>LESSONS LEARNED TO DATE</u>
<i>Impact of HIV counseling and testing (CT) on methadone clients in New England</i>	• Do sexual and drug-using behaviors, needle hygiene, and mental health indicators differ among clients by program philosophy (organizational model) and client participation in, and compliance with, program activities? • What differences are there between those who choose HIV CT and those who do not? • Do self-esteem, treatment drop-out rates, sexual behaviors, treatment compliance, drug use, and needle hygiene differ among those who learn their serostatus through HIV CT following entry into treatment, those who self-report serostatus from a previous HIV test, and those who do not know their serostatus?	June 1990/ December 1993	• Variations exist among study sites with respect to the methadone treatment programs and the HIV/AIDS services within the programs. • Of 1053 persons interviewed, 55% were male, 46% white, 28% Hispanic, 21% black; 70% had been tested for HIV prior to this treatment episode; 38% were tested for HIV within 30 days of entry into treatment; 21% self-reported having tested seropositive; female IDUs (41%) were more likely to consent to a test following entry into treatment than male IDUs (28%). Differences in HIV testing rates by program philosophy: case management (53%); medical (27%); and 12-step (19%). • 78% answered at least 12 of 13 of the AIDS knowledge questions correctly. • In the 30 days prior to treatment, drug use was reported by participants as follows: heroin, 711 (68%); crack, 104 (10%); cocaine, 426 (40%); speedball, 371 (35%); and street methadone, 124 (12%). • Regardless of serostatus, clients were similar on patterns of alcohol consumption. More than 50% of both serostatus groups reported engaging in risky sexual behavior (unprotected sex, multiple partners, anal sex). • A consistently high rate of respondents aged 18-29 reported that they never used condoms. As age increased, clients in this group were more likely to report mostly using condoms. • Of 626 clients interviewed within 37 days of entry into drug treatment and linked follow-up questionnaires 1 month later, 20% acknowledged having received a positive HIV test result. 5% (6/132) reported learning they were seropositive since entering the methadone treatment program. 17% (22/132) already knew they were infected and had the HIV test repeated. The mean duration for those who had known they were seropositive prior to entering methadone treatment was 15.65 months, with a range of 1 to 83 months. There was a significant decrease in injection by all clients, with the largest reduction among HIV-positive clients. For subjects who continued to inject, a greater proportion of HIV-positive persons stopped sharing their needles and syringes. Of those who continued to share needles and syringes at the second interview, 70% (43/61) did not clean their injection equipment.

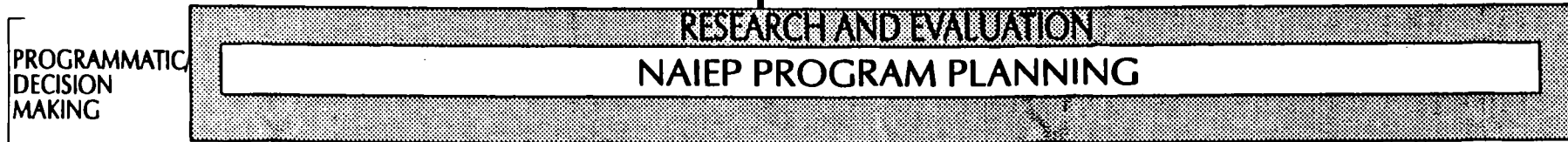
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Strategic Plan Program Area V: INCREASE INDIVIDUAL KNOWLEDGE OF HIV SEROSTATUS AND IMPROVE REFERRAL TO APPROPRIATE PREVENTION AND TREATMENT SERVICES (Continued)

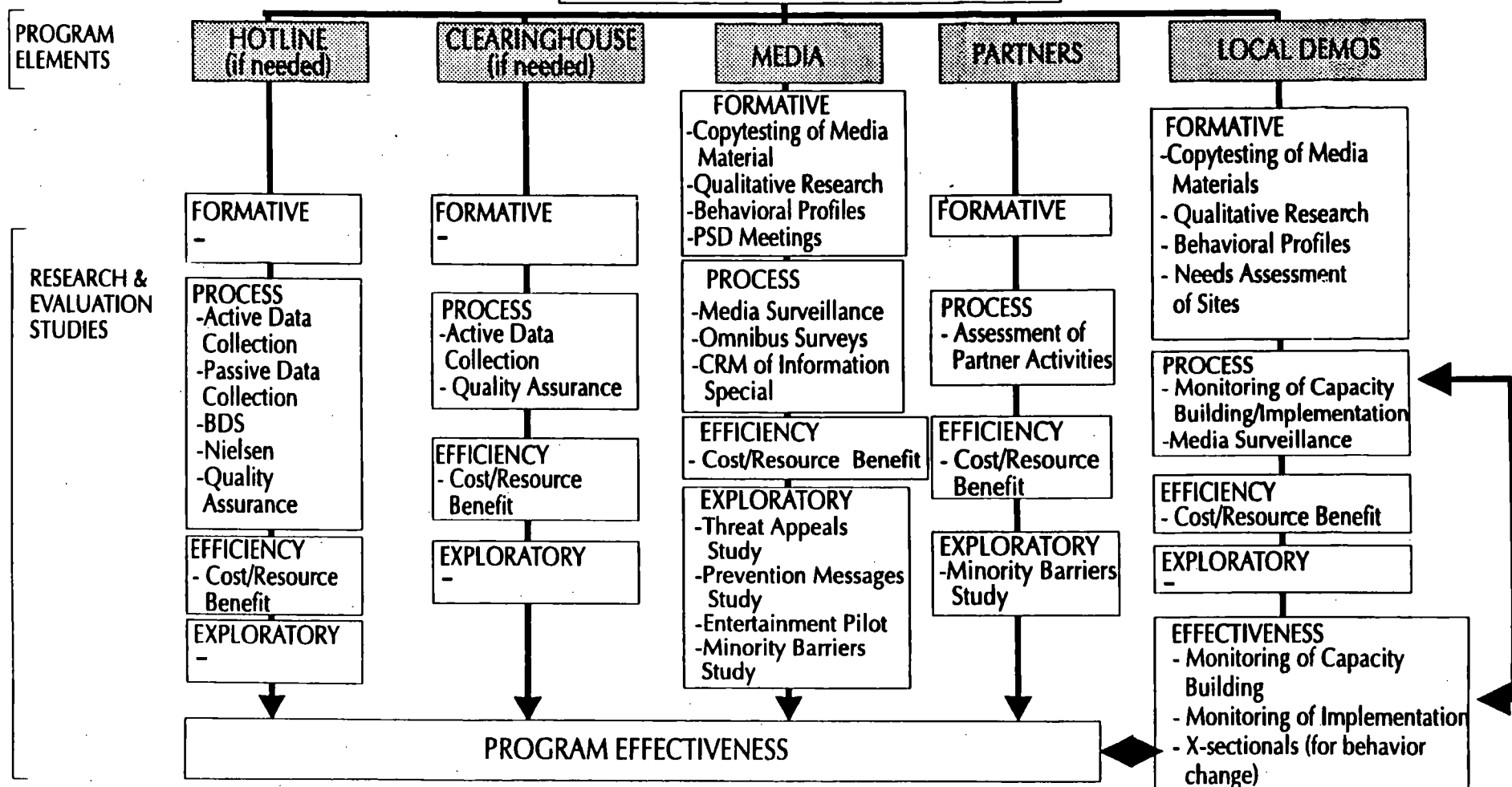
<u>PROJECT</u>	<u>RESEARCH QUESTIONS ADDRESSED</u>	<u>START/END DATES</u>	<u>LESSONS LEARNED TO DATE</u>
<i>Impact of HIV counseling and testing (CT) on methadone clients in New England</i> (Cont'd)			• Six factors were independently associated with client-reported seropositivity from the baseline interview: (1) non-white, (2) over 34 years of age, (3) speedball use, (4) "safe sex," (5) heroin injection, and (6) non-use of heroin. The adjusted odds ratio for reporting a seropositive result was almost twice as high for non-whites as for whites (OR=1.80, 95% CI 1.16 to 2.80). Similarly, clients over 34 years of age were 1.81 (CI 1.17 to 2.81) times more likely to report a positive test result. Persons who used speedball were 1.75 (CI 1.12 to 2.73) times as likely as non-speedball users to report having tested positive for HIV antibodies. Clients who reported "safe sex" (no sexual intercourse or always used a condom during intercourse) were 4.2 (CI 2.65 to 6.53) times as likely to report a positive HIV test result. Clients who injected heroin in the 30 days before entering drug treatment were 7.7 (CI 2.69 to 21.82) times as likely as those who had not injected heroin to report a seropositive test result. However, clients who reported they had not used heroin were 8.7 (CI 2.77 to 27.08) times as likely to report a positive HIV antibody test result compared to those who had used heroin. • Fewer (47% vs. 73%) HIV-positive clients reported being sexually active, and the proportion of those who reported ALWAYS using condoms increased significantly, from 45% to 55%. Of 402 subjects who were sexually active during the 30 days prior to the second interview, 79% were not consistently using condoms during sex.
<i>Economic evaluation of counseling and testing programs</i>	• Do the net economic benefits of counseling and testing outweigh the substantial costs of these programs?	1991/1992	• Even under very conservative assumptions, the net economic benefits of C&T programs were greater than the costs. • Under base-case assumptions, and using 1990 data, the cost-benefit analysis shows that every dollar invested in C&T services yields 20 dollars of economic benefit to society. • The economic benefits outweigh the costs even if it is necessary to identify and reach as many as 80 HIV-seropositive individuals to prevent just one new HIV transmission (using 1990 data). • This analysis was published in <i>Archives of Internal Medicine</i> May 24, 1993 (Arch Intern Med 1993; 153:1225-1230). • An updated analysis conducted on 1991 data has yielded similar results.

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Evaluation Plan for the Prevention Initiative Activities

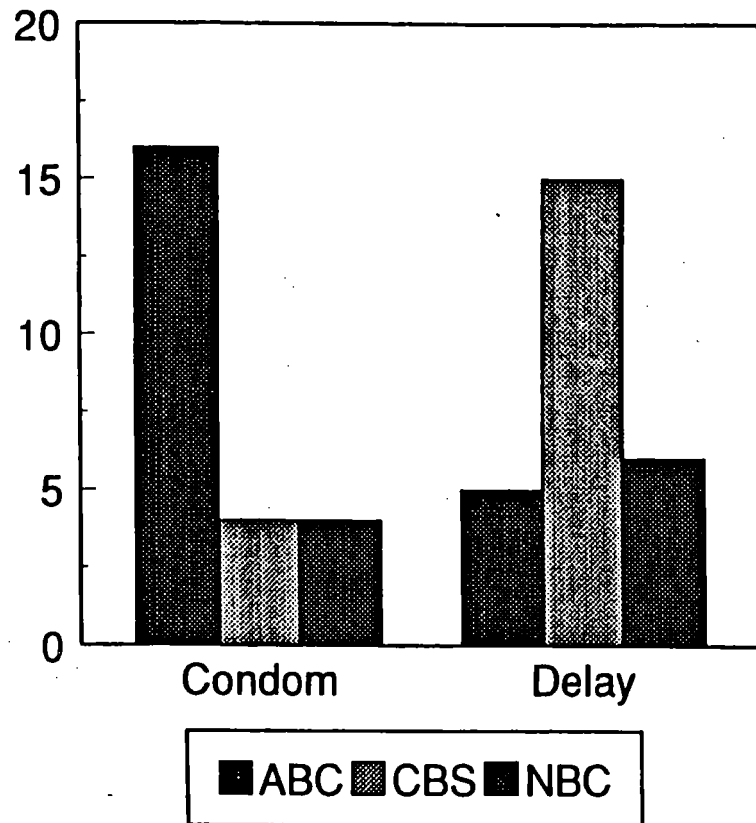


Prevention Marketing Initiative

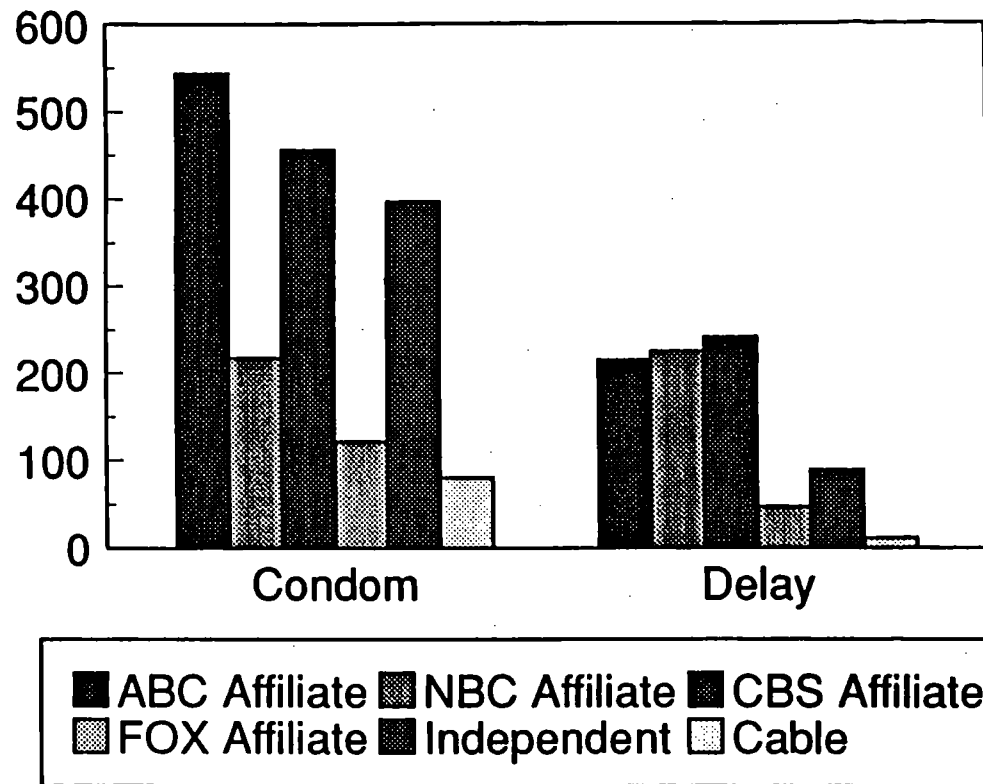


Number of Times PMI PSAs Have Been Aired by Networks and Their Affiliates January 4 - March 31, 1994

Number of Airings



Number of Airings



Prevention Marketing Initiative Behavioral Profile Research

Objective:

To provide theoretically and empirically based recommendations which lead to informed decisions regarding specific HIV prevention interventions for PMI target audiences

Populations

(within 18- to 25-year-old range):

- ▶ **Male, Female Heterosexual**
- ▶ **Men who have sex with men**
- ▶ **White, African American, Hispanic**
- ▶ **Economically Advantaged and Disadvantaged**

Components:

➤ Background Analysis:

- Review empirical behavioral and intervention literature**
- Consult with leading researchers and program planners**

➤ Qualitative:

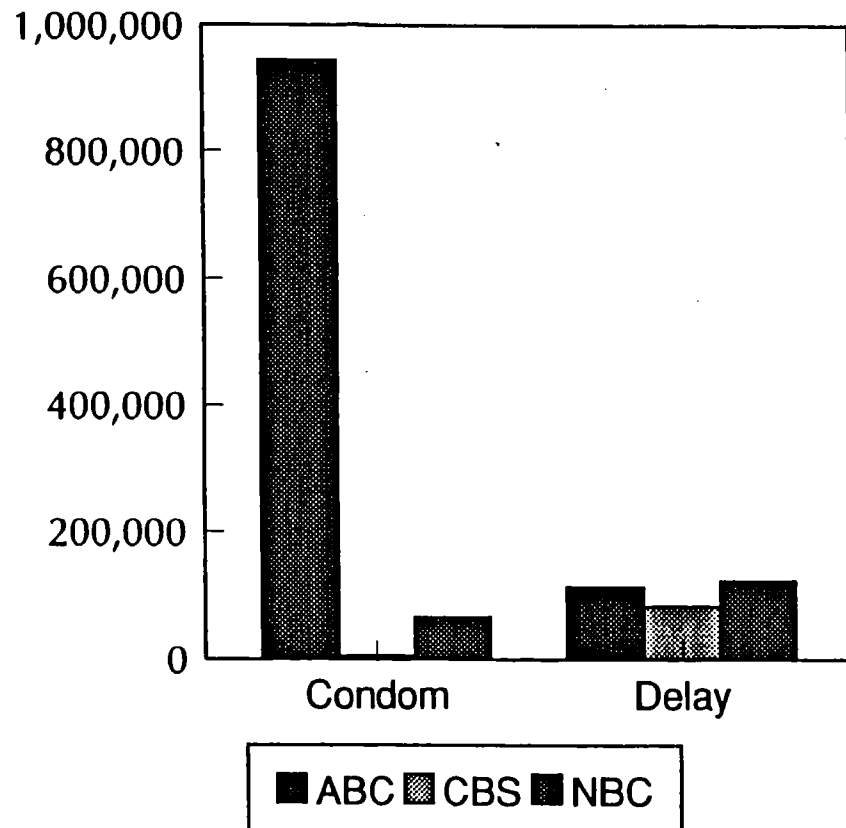
- Identify prevention-related determinants and factors associated with those determinants**

➤ Quantitative:

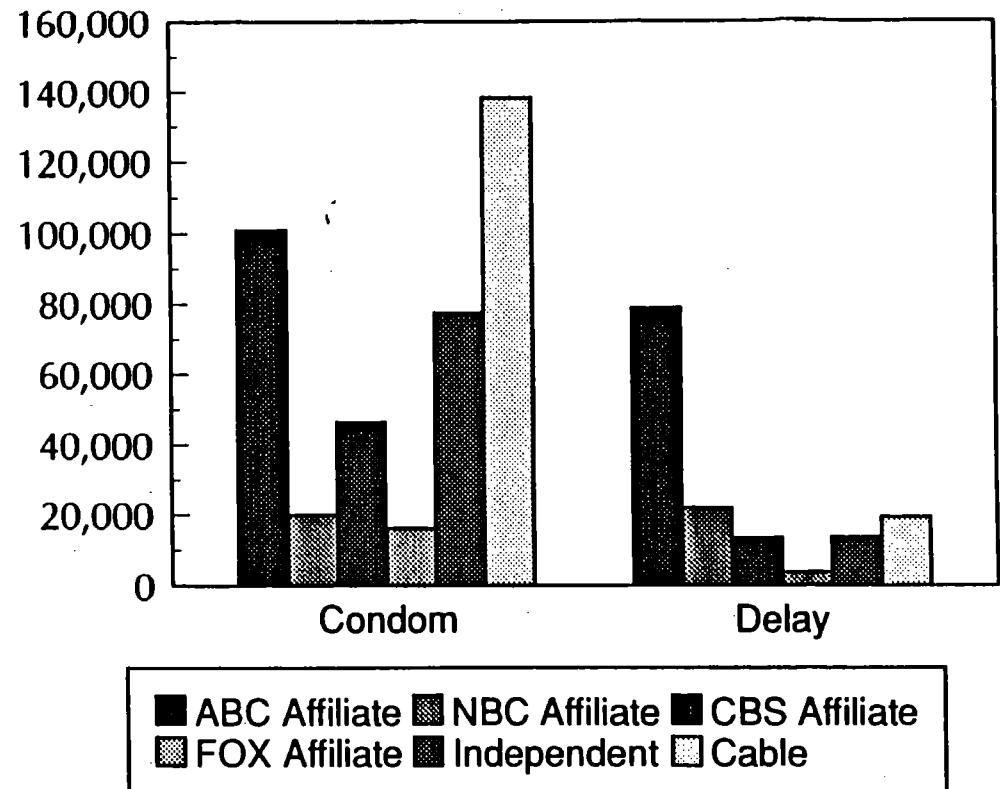
- Quantify which factors are associated with which prevention determinants**

Estimated Dollar Value of PMI PSAs, by Network and Affiliates January 4 - March 31, 1994

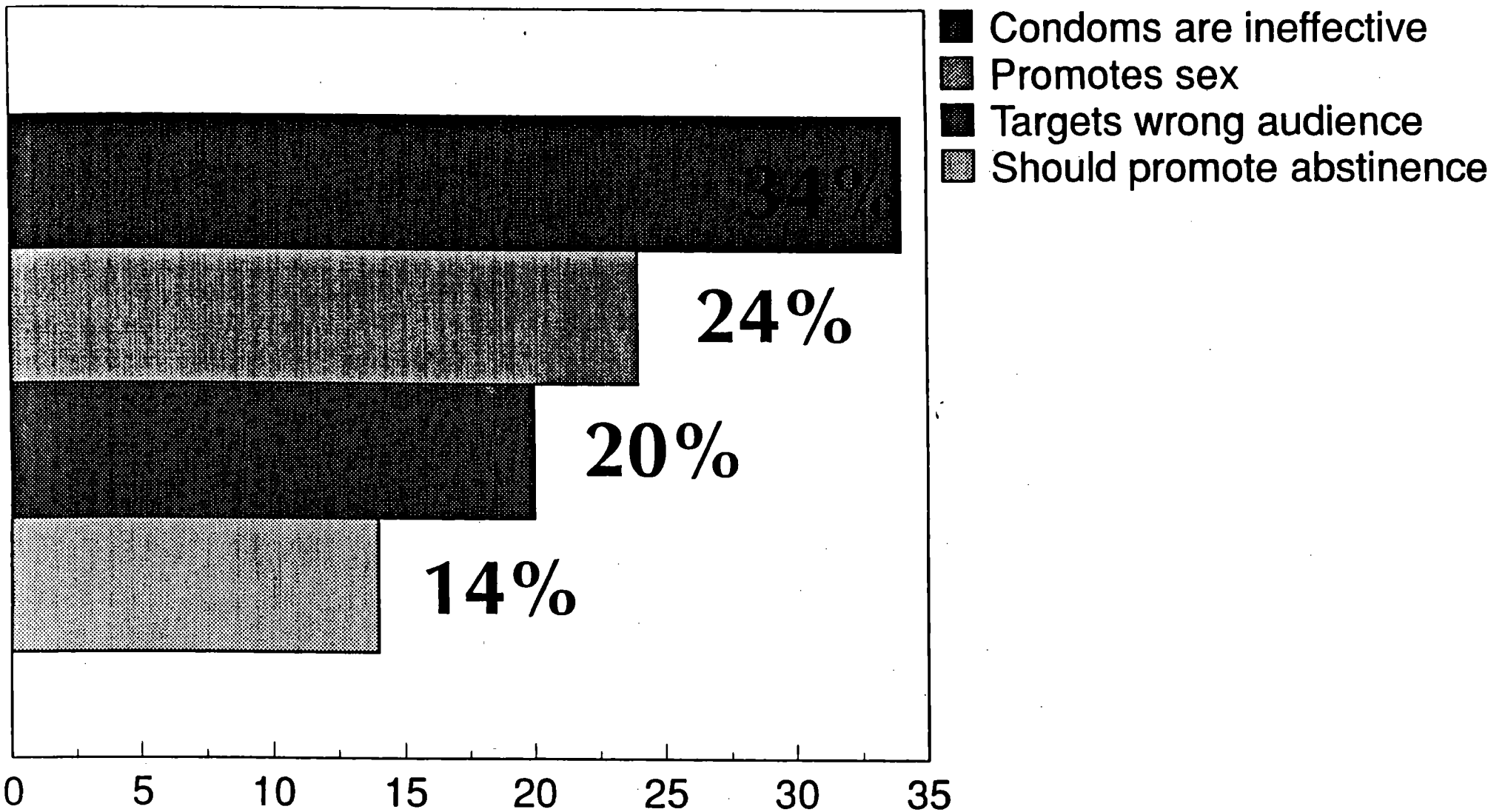
Dollar Amount



Dollar Amount



Criticisms



GEBBIE

CDC: Behavioral and Prevention Research Branch

Research Summaries

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Title: STD Clinic Flow and Utilization:
Task Order to Battelle Institute

Principal Investigator: Mary Odell-Butler,
Ph.D., Martha Hare, R.N., Ph.D.

Project Sites: Selected from the 30 counties
with highest rates of P&S Syphilis

Project Officer: Floy Cross, Nancy Cheal,
OPPE

IPRRB Lead Scientist(s): Richard T. Conlon,
M.P.Aff.

Purpose/Objectives: To examine the
occurrence of overburdening in STD clinics and
the impact of overburdening on care.
(Overburdening: the inability of a clinic to
provide service within 24 hours to all persons
applying for care.)

Issues:

- Quantify and investigate frequency of
overburdening in selected STD Clinics.
- Examine the relationship between
overburdening and HIV counseling and
testing, funding changes, and demand for
changes in the utilization of STD clinic
services by clients.
- Investigate the impact of overburdening
on STD prevention and treatment,
specifically addressing whether those
turned away seek service elsewhere?
- Are people avoiding clinics because of
long waits? Are people not seen because
of overburdening seeking treatment for
their symptoms elsewhere?

Need for Program/Research: Meet the
Healthy People 2000 Objectives 18.2, 18.4,
18.8, 18.13, 19.3.

Methods/Sample Size/Selection : A double
sampling procedure for selecting seven study
clinics from the universe of potential clinics
described. Step 1 involves a simple random
sample of 30 clinics drawn from the survey
universe. Step 2 involves choosing the four
highest overburdened clinics and the three least
overburdened. The study is designed to
maximize the contrast of clinics within the
framework of a random sample and should lead
to insights into factors which result in
overburdening.

Implications for HIV Prevention and Public
Policy: By demonstrating that overburdening
exists in public STD clinics, by identifying the
causes and extent of overburdening, program
planners and policy makers can take measures
to alleviate the causes; leading to easier access
for clients and more efficient service delivery
and resource utilization.

Project Period: Project to be completed
12/3/93.

Title: Evaluation of the DIS Interview Process

Principal Investigator: Donna Richter, Ed.D.,
University of South Carolina School of Public
Health

Project Sites: Selected STD Clinics in
designated training areas: California, Georgia,
Chicago.

BPRB Lead Scientist(s): Richard T. Conlon,
M.P.Aff.

Purpose/Objectives: To evaluate the
communication between CDC trained Public
Health Associates working as Disease
Intervention Specialists (DIS) and patients they
have recently interviewed by identifying
discrepancies in responses of clients and
concerns identified by clients which relate
directly to the competence of the DIS.

Research Questions:

- Do demographic factors such as age, race,
gender, and education level affect the
responses of patients to DIS questions?
- Extent to which the client perceives the
interviewer as competent?
- Extent to which information obtained by
the interviewer is accurate and complete?

Need for Program/Research: Meet the Health
People 2000 Objectives 18.2, 18.4, 18.8, 18.13,
19.3.

Methods: Patients who have completed a one-
on-one interview with a Public Health
Associate DIS will be asked by the DIS to
participate in a telephone survey. If the patient
agrees, the DIS will dial a 1-800 phone
number to the survey laboratory at the School
of Public Health. The surveyor will administer
a 38 item questionnaire which includes

demographic questions, Likert Scale questions
relating to the interviewer, the interview
process, and the patient's openness during the
interview.

Sample Size/ Selection: The universe for this
study comprises patients from selected STD
clinics in the four CDC training areas for
Public Health Associates. The sample will
include clients over age 18 who just completed
an interview for syphilis, or who received post-
test HIV counseling in which partner
notification was offered/discussed.

Implications for Prevention/Public Policy: By
documenting some of the reasons patients give
for the poor responses to DIS questions about
risk behaviors, sex partners, etc., program
planners can refine training of DIS and
improve partner notification outcomes.

Summary data indicate that 82% of syphilis
interviews lasted less than 1 hr. and 62%
obtained 2-4 partners. 73% felt the
information discussed would be kept
confidential. 88% understood the STD
information presented by the DIS. And
88% felt they did not have enough time to
ask questions. Final Report pending.

Title: Development and Pretest of HIV/STD Intervention Strategies for Targeting Minority Heterosexual Males

Principal Investigator: Rochelle Shain, Ph.D.
UTHSC, San Antonio

BPRB Technical Advisor: Kathy Stark

Project Officer/Location: Fred Marich, CDC,
NCPS, DSTD/HIVP, POB

Purpose: To develop and pretest a culturally appropriate HIV/STD risk reduction intervention for minority heterosexual males attending an STD clinic.

Research Questions:

- What sexual behaviors are engaged in by this population?
- What are the cultural beliefs, motivations and barriers to sexual behavior change?
- How can this information be utilized to reduce HIV/STD acquisition?

Theory/Conceptual Framework/Hypotheses: AIDS Risk Reduction Model and elements of the Health Behavior Change Schedule.

Methods: Basic quantitative data were gathered from each patient visit at the STD clinic in order to assess characteristics of the STD client population. Qualitative data were collected from cross-sectional samples of STD clients and other low income minority individuals. For qualitative data collection, a 3-part approach was used: community ethnography, focus groups, and in-depth interviews.

Quantitative Findings: Of the 3,418 patient visits, 70% were male (33% African-American, 50% Hispanic and 17% white), 30% were female (37% African-American, 46% Hispanic

and 17% white), 16% married, 48% employed, and 78% between 18-35 years of age. Same gender sex was reported by 13% of white males, and 9% of Hispanic males. Reports of a prior STD are as follows: African-American (males 69%, females 57%); Hispanics (males 44%, females 41%); whites (males 44%, females 43%), and gonorrhea was the most commonly reported 26%. Syphilis was reported by 10% of clients and chlamydia 9%. Hispanics were least likely to use a condom. Overall STD infection rates for men were: African-American 59%, Hispanic 30%, and white 24%. Rates for women were: African-American 64%, Hispanic 42%, and white 36%. The highest rates for syphilis occurred among African-American women (25%). Gonorrhea occurred most frequently among African-American men (45%), and African-American women (36%).

Qualitative Findings:

- 1) Employment, housing, and relationships with significant others are of greater concern than contracting STD/AIDS.
- 2) Misinformation and embarrassment regarding STD/AIDS/condoms is prevalent.
- 3) Hispanic participants are more family-oriented than African-Americans, and tend to be members of an extended family, from which they derive support; African-Americans tend to have more fluid family and sexual relationships.
- 4) Many respondents have developed a method to discern who and what places them at high risk for infection.
- 5) Many African-American participants believe diseases are spread by "eating or drinking behind"; this belief is spreading to injecting drug use (IDU) and some IDUs are not "fixing behind" others.

Title: Dallas AIDS Community Demonstration Project

Principal Investigator: Charles Haley, MD

BPRB lead scientist(s): Donna L. Higgins, MS

Research Question(s): Can community-level approaches to behavior change increase HIV risk-reduction behaviors (ie, consistent condom use for risky sex and bleach use with needle sharing) among hard-to-reach populations?

Theoretical Basis: Cognitive theories of behavior change and Stages of Change (SOC)

Research/Program Need: Consistent with objectives and priority populations identified in CDC Plan (Blueprint): Goals II.1, II.2, III.1, III.2, and IV.1.

Methods: Repeated cross-sectional surveys in intervention and comparison communities.

Sample: Street-based populations of men who have sex with men non-gay-identifying (MSM-ngi), injecting drug users (IDUs), their female sex partners (FSPs), prostitutes, and youth in high risk situations (YIIRS)

Key Variables:

Independent— social norms, perceptions of susceptibility and risk, positive and negative outcome expectations, self-efficacy, skills and means of risk reduction (Intervention variables)

Dependent — long-range and immediate intentions to use condoms and bleach; consistency and duration of condom use for vaginal and anal sex with primary and other partners; consistency and duration of bleach use.

Major Findings: Baseline data shows perceptions of enjoyment of condoms, self-

efficacy, and norms were important factors influencing condom use with both main and other sex partners ($r^2=.37$, $p<.0001$ and $r^2=.35$, $p<.0001$, respectively). Among 117 African-American IDUs, the best predictors of frequency of bleach use were age ($r^2=.35$, $p<.0001$), self-efficacy ($r^2=.40$, $p<.0001$), and expectations about bleach use ($r^2=.31$, $p<.0001$). Individuals' risk behavior and exposure to HIV information were weaker predictors of the frequency of bleach use ($r^2=.11$, $p<.0001$ and $r^2=.05$, $p<.006$ respectively) than attitudes toward cleaning with bleach ($r^2=.20$, $p<.0001$).

After 18 months of intervention, 52% of individuals interviewed in the treatment area reported contact with intervention materials or volunteers. Individuals with two or more contacts were more likely to express intentions to use condoms in the future than those with no contacts.

Among 229 men who reported ever having sex with a man, the percentage of men who reported never using condoms was 64% for men who had sex with men but did not gay-identify (MSM-ngi) vs. 16% for men who self-identified as gay or bisexual ($p<.001$). Men who felt more uncomfortable disclosing to family members tended to use condoms less consistently ($r=.16$, $p<.02$). Men who indicated they often sought HIV/AIDS information in newspapers, brochures or leaflets used condoms more frequently (Mean score=2.8) than men who did not seek such information (Mean=2.1, $p<.01$).

Implications: Printed intervention messages should focus on increasing perceptions of self-efficacy, norms, and positive expectations about bleach or condom use. Community members serving as volunteers and role models can effectively deliver culturally acceptable HIV prevention messages. Intervention messages should target MSM-ngis who may not access other sources of HIV prevention information. Project Period: Five-year, FY89-94

Title: Denver AIDS Community Demonstration Project

PI/Affiliation: David Cohn, MD, Denver County Health Department

BPRB lead scientist(s): Donna L. Higgins, MS

Research Question(s): Can community-level approaches to behavior change increase HIV risk-reduction behaviors (ie. consistent condom use for risky sex and bleach use with needle sharing) among hard-to-reach populations?

Theoretical Basis: Cognitive theories of behavior change and Stages of Change (SOC)

Research/Program Need: Consistent with objectives and priority populations identified in CDC Plan (Blueprint): Goals II.1, II.2, III.1, III.2, and IV.1.

Methods: Repeated cross-sectional surveys in intervention and comparison communities.

Sample: Street-based populations of injecting drug users (IDUs) and men who have sex with men non-gay-identifying (MSM-ngi)

Key Variables:
Independent-- social norms, perceptions of susceptibility and risk, positive and negative outcome expectations, self-efficacy, skills and means of risk reduction (intervention variables)

Dependent -- long-range and immediate intentions to use condoms and bleach; consistency and duration of condom use for vaginal and anal sex with primary and other partners; consistency and duration of bleach use

Major Findings: Currently, IDU intervention materials are distributed by 30 peer volunteers

and are available at 22 sites. Recruitment has been successful in conjunction with outreach consisting of general health care information and referrals offered at selected community centers. Retention of volunteers is successful with nonmaterial incentives, including appreciation for outreach staff, and feeling good about helping the community.

Among MSM-ngi interviewed at baseline (n=117), 89% were Precontemplative and Contemplative for condom use during vaginal intercourse with a main partner. MSM-ngi were more likely to be in maintenance for condom use during anal intercourse with other partners (31%) than with female main partners (16%).

Among sharing IDUs (N=80), 81% were in Precontemplative, Contemplative and Ready-for-Action stages for bleach use at baseline, with perceived norms, social influence, and pros/cons discriminating best between these stages (p<.05).

After 18 months of intervention, 20% of IDU's interviewed in the treatment area reported contact with intervention materials or volunteers. Condom use among IDU's in the treatment area significantly increased during the first year of intervention for vaginal sex with a main partner (p<.05) or other partners (p<.005) and for anal sex with other partners (p<.03).

Implications: Outreach is useful in recruiting network volunteers, especially in areas with low numbers of volunteers. Retention efforts should emphasize a "team spirit" among volunteers. Evaluation feed back aids the development of role model stories, indicating appropriate SOC for condom and bleach use and the messages to be emphasized.

Project Period: Five-year, FY89-94

Title: Long Beach AIDS Community Demonstration Project

Principal Investigator: Nancy Corby, PhD

BPRB lead scientist(s): Donna L. Higgins, MS

Research Question(s): Can community-level approaches to behavior change increase HIV risk-reduction behaviors (i.e. consistent condom use for risky sex and bleach use with needle sharing) among hard-to-reach populations?

Theoretical Basis: Cognitive theories of behavior change and Stages of Change (SOC)

Research/Program Need: Consistent with objectives and priority populations identified in CDC Plan (Blueprint): Goals II.1, II.2, III.1, III.2, and IV.1.

Methods: Repeated cross-sectional surveys in intervention and comparison communities.

Sample: Street-based populations of injecting drug users (IDUs), their female sex partners (FSPs), and prostitutes.

Key Variables:

Independent— social norms, perceptions of susceptibility and risk, positive and negative outcome expectations, self-efficacy, skills and means of risk reduction (intervention variables)

Dependent — long-range and immediate intentions to use condoms and bleach; consistency and duration of condom use for vaginal and anal sex with primary and other partners; consistency and duration of bleach use.

Major Findings: Of 325 street-recruited IDUs, 41% had never been in drug treatment. Many had sex partners who did not inject

(41%); Hispanic men (63%) were most likely to have a non-IDU partner ($p < .05$). Most IDUs in monogamous relationships (83%) compared to half of IDUs in non-monogamous relationships reported that their non-IDU partner knew about their needle use.

FSPs often have multiple risk factors for HIV infection: Of 137 non-injecting FSPs, 1) 33% had multiple sex partners; 2) 32% were former IDUs; 3) 20% engaged in prostitution; and 4) 95% had unprotected vaginal sex during the prior six months.

Of 273 street recruited prostitutes, 86% used condoms with their paying partners, but few did so with their non-paying partners (31%; $p < .01$). At baseline 38% were in Maintenance for condom use during vaginal sex with partners other than their main partner. After one year of intervention, 42% of prostitutes interviewed in the treatment area carried (and could present) condoms compared to 21% of those in the comparison area ($p < .005$).

In southern Los Angeles County, IDUs, FSPs, and prostitutes are being reached by HIV prevention programs offering CT. Of 2393 individuals interviewed, 71% reported being tested for HIV infection, including 65% (466) of male IDUs and 74% (1243) of high risk females.

After 18 months of intervention, 65% of IDUs, 62% of FSPs and 50% of prostitutes interviewed in the treatment area reported exposure to project materials. Currently materials are distributed by 102 peer volunteers and are available at 14 sites.

Implications: Many IDUs may not be reached by drug treatment or clinic-based programs. Street-based interventions should be a central component of programs targeting IDUs, prostitutes, and FSPs. A multi-faceted approach that addresses multiple risk factors and ethnic differences is necessary.

Project Period: Five-year, FY89-94

Revised 1/94

Title: MHRA New York City AIDS
Community Demonstration Project

Principal Investigator: Susan Tross, PhD.

BPRD lead scientist(s): Donna L. Higgins, MS

Research Question(s): Can community-level approaches to behavior change increase HIV risk-reduction behaviors (ie. consistent condom use for risky sex) among a hard-to-reach population?

Theoretical Basis: Cognitive theories of behavior change and Stages of Change (SOC)

Research/Program Need: Consistent with objectives and priority populations identified in CDC Plan (Blueprint): Goals II.1, II.2, III.1, III.2, and IV.1.

Methods: Repeated cross-sectional surveys in intervention and comparison communities.

Sample: Street-based populations of female sex partners (FSPs) of injecting drug users

Key Variables:

Independent— social norms, perceptions of susceptibility and risk, positive and negative outcome expectations, self-efficacy, skills and means of risk reduction (intervention variables)

Dependent — long-range and immediate intentions to use condoms; consistency and duration of condom use for vaginal and anal sex with primary and other partners

Major Findings: The influence of peers is a strong factor in behavior change for FSPs. Among 346 FSPs, those who were Hispanic ($p<.05$), knew women who use condoms with their primary partners ($p<.001$), and had

someone important to them who strongly supported condom use ($p<.005$) were more likely to use condoms with their primary partners. Intention to use condoms in the future was associated with knowing women who use condoms with their primary partners ($p<.001$), and having someone who strongly thinks they should use condoms ($p<.001$).

Active peer volunteer focus group data show that a variety of measures to provide material, spiritual and/or social rewards and to minimize barriers are useful in sustaining volunteer intervention activities, (e.g. weekly support groups, monetary incentives for debriefing interviews, special events, childcare during volunteer activities, food and gifts). Currently, 23 peer volunteers distribute intervention materials.

After 12 months of intervention, 65% of FSPs interviewed in the treatment area ($N=83$) reported seeing or reading intervention materials. Among FSPs interviewed in the treatment area during the first six months of intervention ($N=153$) and the second six months ($N=169$), consistent condom use increased from 18% to 30%; the percent of women reporting never using condoms decreased from 46% to 27% ($p<.003$). The percent of women with strong intentions to use condoms in the future also increased from 37% to 51% ($p<.001$). No significant changes in condom use or future intention to use condoms were found in the comparison area.

Implications: Increasing the perception of peer support for condom use is an important component of the behavior change process. Volunteer peer outreach can be an effective, culturally-sensitive means of delivering HIV prevention messages to hard-to-reach, inner city women of color. Providing material and nonmaterial incentives and removing barriers are useful in recruiting and maintaining a volunteer network.

Project Period: Five-year, FY89-94

Title: Seattle AIDS Community Demonstration Project

PI/Affiliation: Robert Wood, MD, Seattle-King County Health Department

BPRB lead scientist(s): Donna L. Higgins, MS

Research Question(s): Can community-level approaches to behavior change increase HIV risk-reduction behaviors (ie. consistent condom use for risky sex and bleach use with needle sharing) among hard-to-reach populations?

Theoretical Basis: Cognitive theories of behavior change and Stages of Change (SOC)

Research/Program Need: Consistent with objectives and priority populations identified in CDC Plan (Blueprint): Goals II.1, II.2, III.1, III.2, and IV.1.

Methods: Repeated cross-sectional surveys in intervention and comparison communities.

Sample: Street-based populations of men who have sex with men non-gay-identifying (MSM-ngi), prostitutes, and youth in high risk situations (YHRS)

Key Variables:

Independent— social norms, perceptions of susceptibility and risk, positive and negative outcome expectations, self-efficacy, skills and means of risk reduction (intervention variables)

Dependent — long-range and immediate intentions to use condoms and bleach; consistency and duration of condom use for vaginal and anal sex with primary and other partners; consistency and duration of bleach use

Major Findings: Baseline data indicated all three hard-to-reach populations were behaviorally at risk for HIV: 1) of 245 YHRS, 91% reported ever having vaginal sex and 74% of these reported vaginal sex in the last 30 days; 2) of 79 MSM-ngi, 45% reported vaginal sex with a main female partner in the last 30 days, 53% reported anal sex with a male in the last 30 days, 77% of those used condoms for anal sex with men, but only 22% used condoms for vaginal sex with their main partner; 3) 10% of MSM-ngi, 22% of YHRS, and 62% of prostitutes reported ever injecting drugs, and 38% of the prostitutes who inject have shared needles; and 5) 53% of prostitutes, 80% of YHRS, and 81% of MSM-ngi consider HIV infection "unlikely."

The SOC model is useful in tailoring intervention messages to specific SOC and partner types within these risk populations: at baseline 1) 44% of prostitutes were in Maintenance for condom use for vaginal sex with their clients; yet 90% were Precontemplative or Contemplative for condom use for vaginal sex with their main partner; 2) 76% of YHRS were Precontemplative or Contemplative for condom use for vaginal sex with their main partner; and 3) 64% of MSM-ngi were in Maintenance for condom use for anal sex with men, but 92% were Precontemplative or Contemplative for condom use for vaginal sex with their main female partners.

After 18 months, 27% of YHRS, 33% of prostitutes, and 8% of MSM-ngi interviewed reported exposure to the intervention.

Implications: Intervention messages should be tailored specifically to the population's behavior SOC and to partner types. Risky sex behaviors with main partners appear to be more difficult to change than those with other partners, and may need more emphasis.

Project Period: Five-year, FY89-94

AIDS COMMUNITY DEMONSTRATION PROJECTS PUBLICATIONS

Dallas Publications: (1) Krepcho M, Fernandez-Esquer ME, Freeman AC, Magee E, McAlister A. Predictors of bleach use among current african-american injecting drug users: A community study. Journal of Psychoactive Drugs. 1993;25(2):135-141.

(2) Seibt A, McAlister A, Freeman A, Krepcho M, Hedrich A, Wilson R. Condom use and sexual identity among men who have sex with men: Dallas 1991. MMWR. 1993;42(1):7, 13-14.

(3) Freeman A, Krepcho M. A Community-level intervention program for HIV prevention. Dallas Medical Journal. Jan. 1993:39-41

Denver Publications: (1) Cohn DL, Miller LA, Yamaguchi KJ, Douglas JM. Denver's increase in HIV counseling after Magic Johnson's HIV disclosure. American Journal of Public Health. 1992;82:1692.

(2) Cohn DL, Rietmeijer CAM, Kane MS, Martindale CJ. Skills provision training: Changes in sexual behavior and condom use in a longitudinal study of men who have sex with men - Denver, 1987 - 1991. MMWR. 1992;41:412-5.

Long Beach Publications: (1) Wolitski R, Radziszewska B. Self-reported HIV antibody testing among persons with selected risk behaviors: Southern Los Angeles County, 1991-1992. MMWR. 1993;42(40):786-789.

(2) Corby NH, Wolitski RJ, Thornton-Johnson S, and Tanner WM. AIDS knowledge, perception of risk, and behaviors among female sex partners of injection drug users. AIDS Education and Prevention. 1991;3(4):353-366.

(3) Elder-Tabrizi KA, Wolitski RJ, Rhodes F, Baker JG. AIDS and competing health concerns of blacks, Hispanics, and whites. Journal of Community Health. 1991;16:11-21.

New York City Publications: (1) Kouzi AC, Des Jarlais DC, Tross S, Abdul-Quader AS, Friedman SR. Determinants of contraceptive practices among intravenous drug users in New York City. Psychology of Addictive Behaviors. 1992;6(2):135-9.

(2) Abdul-Quader AS, Des Jarlais DC, Tross S, et al. Outreach to injecting drug users and female sexual partners of drug users on the Lower East Side of New York City. British Journal of Addiction. 1992;87(5):681-8.

(3) Tross S, Abdul-Quader A, Silver H, Des Jarlais D. Condom use among male injecting drug users: New York City, 1987-1990. MMWR. 1992;41(34):617-620.

(4) Guenther-Grey C, Tross S, McAlister A, Freeman A, Cohn D, Corby N, Wood R, Fishbein M. AIDS Community Demonstration Projects: Implementation of Volunteer Networks for HIV-Prevention Programs—Selected Sites, 1991-1992. MMWR. 1992;41(46):868-869, 875-876.

Seattle Publications: (1) Goldbaum G, Pearlman T, Wood R, Krueger L. Differences between anonymous & confidential registrants for HIV testing: Seattle, 1986-1992. MMWR. 1993;42(3):53-56.

(2) Krueger LE, Wood RW, Diehr PH, Maxwell CL. Poverty and HIV seropositivity: The poor are more likely to be infected. AIDS. 1990;4:811-4.

(3) Wood RW. Public health measures to prevent and control HIV infection and AIDS. In Holmes KK, Corey L, Collier AC, Handsfield HH (eds): AIDS Rx/Dx. New York: McGraw-Hill, 1990:35-45.

Title: The Prevention of HIV in Women and Infants Demonstration Projects (WIDP)

Project Officers/Location: David Cotton Ph.D., Bobbie Person

Principal Investigators/Affiliation:

Rodger Lam, MD
Alameda County Health Care Services, CA.
Jean Gould, BSN, MBA & Michael Stark, PhD
Multnomah County Health Department, OR
Jon Lieberman, MS & Myra Wolf
Philadelphia Health Management Corp., PA
Frank Bonati, DrPH and Laura Leviton, PhD
Family Health Council of Pittsburgh, PA
Geraldine Oliva, MD, MPH
City and County of San Francisco Health Department, CA.

Purpose/Objectives:

- To prevent the acquisition and transmission of HIV in women
- To prevent the perinatal transmission of HIV to infants

Theory/Conceptual Framework:

- Interventions will be theory based, feasible for broader application, and targeted;
- Stages of Behavior Change Model will be used in tailoring interventions.

Methods/Study Design:

Qualitative Research:

In Year 1, qualitative research was completed in each community involved in the multi-site protocol. The rapid ethnographic assessment consisted of individual interviews with members of the health care system and other community members that come in contact with the target group, key informants and opinion leaders, and members of the target group. Approximately 450 interviews were conducted and have assisted in intervention development. Qualitative data are continuing to be analyzed.

Evaluation:

In Year 2 the five component A sites (NCPS), in collaboration with the three Component B sites (NCCDPHP) developed a multi-site evaluation instrument. The Component A (sites completed) multi-site baseline cross-sectional evaluation survey. Baseline surveys

collected data on self-reported behavior change (e.g., condom use, changes in high-risk sexual behaviors, and bleach use or needle sharing) and were completed in June 1993. From the Component, 2500 baseline surveys were collected and are presently being analyzed. Further outcome evaluations will be completed on an annual basis by cross-sectional surveys of the target and comparison communities. Ongoing quantitative and qualitative process measures of intervention effectiveness will complement the quantitative data.

Intervention:

During Year 2, the five Component A sites (NCPS) developed a multi-site intervention protocol. The multi-site community level HIV/STD prevention interventions are theory-based in the Stages of Behavior Change Model; utilize a Community Mobilization Framework to maximize community-level participation and diffusion of messages; employ peer network volunteers for distribution of role model stories, HIV/STD prevention messages and materials, and social reinforcement for movement toward disease prevention behaviors; and develop community specific stage-tailored small media materials within the target community which promote the use of condoms for disease prevention and pregnancy prevention in an effort to change community norms. Intervention were piloted in June 1993 and fully implemented in 1993.

Project Period:

Five year project (FY 1991-1995)

Title: Evaluation of support groups to prevent HIV infection in high-risk women.

Principal Investigators: Eugene Litwak, Ph.D.; Alice Gleghorn, Ph.D.; Ann Downer.

Project Sites: Columbia University, New York City; Johns Hopkins University, Baltimore, MD; University of Washington, Seattle, WA

BPRB lead scientist(s): Judith Greenberg, Ph.D.

Purpose/Objectives: Year One - During this planning year, we will be cooperatively developing a protocol with specific study objectives such as the number of women who need to be recruited and followed for the two treatment groups and control group; learning objectives for each group session; guidelines for any clinical testing to be accomplished; and a timeline with clear markers for accomplishment of tasks.

Research Questions: What strategies are successful for recruiting high risk women into support groups? What strategies are successful for retaining high risk women in support groups? Are support groups effective in helping high risk women change their behaviors? Are face-to-face groups more effective than telephone groups in helping high-risk women change their behaviors?

Need for Program/Research: Meet the Health People 2000 Objectives: 18.4 and 18.8.

Methods: Baseline and 6-month and 12-month follow up interviews will be conducted. Group observations will record content of group discussion. Sign, Signed Rank, and matched pair t-tests will be used to identify changes in behaviors.

Sample Size/Selection: Each of the sites will recruit sufficient numbers of women to provide 120 women who have completed at least 5 of 8 groups sessions (40 from each type of group) and who have also completed the follow up interview and testing. This will provide a total

sample of 460 women from the three sites. The proposed study will recruit women from STD clinics, HIV testing centers, and women from family planning agencies who indicate risk factors for HIV such as multiple partners or high-risk partners. The age range will include women between 18 and 35.

Implications for Prevention/Public Policy: This study should yield intervention insights and recommendations for agencies and individuals who provide services to high risk women. It should also further BPRB's growing knowledge of support groups, in particular, the specific group dynamics that are associated with positive behavioral change.

Project Period: To be completed September 1997.

Current Status: Awards were made September 30, 1993—project is just beginning.

Title: Hemophilia Behavioral Intervention Evaluation Projects — Adolescent Component

BPRB Lead Scientists: Dennis Jarvis, M.P.H.; David Cotton, Ph.D., M.P.H.

Principal Investigator/Affiliation:

Alan Cohen, M.D. Children's Hosp. of Philadelphia
Ruth Brown, M.P.H., Hemophilia of Georgia, Inc.
Larry Brown, M.D., Ph.D., Rhode Island Hospital
Nigel Key, M.D., University of Minnesota
Doreen Bretler, M.D.
New England Hemophilia Center (Worcester, MA)
Ralph A. Gruppo, M.D.
Children's Hospital Medical Center - Cincinnati
Michelle Kipke, Ph.D.
Children's Hospital of Los Angeles
Louis Aledort, M.D., Mount Sinai Medical Center
Everett W. Lovrien, M.D.
Oregon Health Sciences University
Thomas Kister, M.D.
University of Iowa Hemophilia Center
Marilyn Menco-Johnson, M.D.
Min. States Regional Hemophilia Center (Denver, CO)

Purpose/Objectives:

- To prevent sexual transmission of HIV from infected hemophilic adolescent and young adult males;
- To prevent perinatal transmission from sexual partners to potential offspring through prevention of unintended pregnancy.

Research Questions:

- What is the role of perceived social norms/peers in risk reduction;
- How can communication with prospective sexual partners about serostatus, with sexual partners about safer sex, and with family/friends be improved to enhance well-being.
- What are the most effective ways to encourage safer sex, including abstinence.

Theory/Conceptual Framework:

- Interventions are theory-based; feasible for broader application; targeted;

- Stages of Behavior Change framework is used in tailoring interventions and as a model for outcome measurement;
- Health behavior theories will include, Social Learning Theory and Theory of Reasoned Action.

Need for Program/Research: To meet the CDC Plan for Preventing Human Immunodeficiency Virus (HIV) Infection: A Blueprint for the 1990s, pg. 25, 26, 37, 38.

Methods: The developmental research phase used qualitative and quantitative data collection methods and analyses to guide intervention development. Interventions, based on formative evaluation, include peer-centered social activities and intensive group activities. Modules are included for parents of younger men. Interventions and evaluation of the intervention are guided by behavioral theory. Detailed manuals were developed for consistent implementation across sites.

Sample: HIV positive and at-risk/untested males with hemophilia who are between 12-24 years of age are eligible. Approximately 600 young men are eligible across eleven sites. Sexual partners of eligible males are also targeted, as are parents of eligible males.

Key Variables: Dependent

- Condom use
- Other safer sex behavior (incl. abstinence)
- Communication with partner about safer sex
- Unintended pregnancy

Statistical Design: Developmental research data analysis will include content and factor analyses. The longitudinal cohort study will employ a subjects-as-their-own-controls design. Participants' behaviors and other determinants will be measured before, during, and after intervention to detect the effect of the enhanced intervention.

Preliminary Findings: Formative research describes younger adolescents sharing norms of parents with respect to condom use and older adolescents sharing norms with younger adults with respect to condom use.

Project Period: Five-year project (FY90-95)

Title: Hemophilia Behavioral Intervention Evaluation Projects — Adult Component

BPRB Lead Scientist: Dennis Jarvis, M.P.H.; David Cotton, Ph.D., M.P.H.

Principal Investigator/Affiliation:

Kathy Parish, Ph.D.
Huntington Hospital Hemophilia Center
Heather Husni, Ph.D.
University of Oklahoma Health Services
Sally O. Crutcher, R.N.
Hemophilia Foundation of Michigan
Louis Aledort, M.D., Mount Sinai Medical Center
Everett W. Lornien, M.D.
Oregon Health Sciences University
Thomas Kisher, M.D.
University of Iowa Hemophilia Center
Marilyn Manco-Johnson, M.D.
Mtn. States Regional Hemophilia Center (Denver, CO)

Purpose/Objectives:

- To prevent sexual transmission from HIV infected hemophilic men to sexual partners;
- To prevent perinatal transmission from sexual partners to potential offspring through prevention of unintended pregnancy.

Research Questions:

- What is the role of perceived social norms/peers in risk reduction;
- How can communication with prospective sexual partners about serostatus, with sexual partners about safer sex, and with family/friends be improved to enhance well-being;
- What are the most effective ways to encourage safer sex, including abstinence;
- How are reproductive decisions made in couples with HIV infection.

Theory/Conceptual Framework:

- Interventions will be: theory-based; feasible for broader application; targeted;

- Stages of Behavior Change framework will be used in tailoring interventions;
- Health behavior theories will include Social Learning Theory and Theory of Reasoned Action.

Need for Program/Research: To meet the CDC Plan for Preventing Human Immunodeficiency Virus (HIV) Infection: A Blueprint for the 1990s, pg. 25, 26, 37, 38

Methods: The developmental research phase entails qualitative and quantitative data analyses to guide intervention development. Interventions focus on general communication, stage-based communication, and stage-based activities for safer sex. Interventions and evaluation of the interventions are guided by behavioral theory. Detailed manuals were developed for consistent implementation across sites.

Sample: HIV positive and at-risk/untested males with hemophilia 18 years of age and older are eligible. Approximately 600 men are eligible across seven sites. Sexual partners of eligible men are also targeted.

Key Variables: Dependent

- Condom use;
- Other safer sex behavior (incl. abstinence);
- Communication with partner about safer sex;
- Unintended pregnancy.

Statistical Design: Developmental research data analysis will include content and factor analyses. The longitudinal cohort study will employ a subjects-as-their-own-controls design. Participants' behaviors and other determinants will be measured before, during, and after intervention to detect the effect of the enhanced intervention.

Preliminary Findings: Formative research describes the disparity in perception and beliefs between partners with respect to condom use. Emotional barriers to relationship development impede many single men's ability to negotiate and use condoms with partners.

Project Period: Five-year project (FY90-95)

Title: The Evaluation of Group Counseling for HIV Positive Drug Users

Principal Investigator: Richard Levinson
Ph.D. Emory University School of Public Health

Collaborator: Association for Schools of Public Health

Project Sites: Washington, D.C., the Commonwealth of Puerto Rico and Atlanta, Georgia

BPRB lead scientist(s): Judith Greenberg, Ph.D.

Purpose: To evaluate the effectiveness of support groups in changing high-risk behaviors of HIV positive drug users (injecting drug users, crack users, or both, including men and women).

Conceptual Framework: Support groups can address a number of factors which are conceivable determinants of health-impairing behavior. In addition to social support for reducing risk of transmission, the group can assist with education, life adaption skills and with accessing health care and drug treatment services.

Methods: The study will establish and follow a cohort of African-American and Hispanic group participants from first attendance at a support group through follow-up at four month intervals.

Implications for HIV Prevention/Policy: The study should yield insights and recommendations for agencies who serve HIV positive, addicted individuals and, in particular, should provide information on the usefulness of support groups as a supplement to traditional drug treatment.

Project Period/Budget: Originally funded (1992 BREPTCC award), the Emory University School of Public Health received supplemental funding (non-BREPTCC). The project is extended through March 31, 1994.

Current Status: Baseline entry and analysis are in progress. Support groups have just begun to meet in Atlanta. The Washington, D.C. support groups will begin on 11/1/93, at Columbia Recovery, Inc. The Puerto Rico site is awaiting IRB clearance before support groups can start. IRB clearance procedures between CDC, ASPH and NIH have caused project delays. Communication with Puerto Rico has been problematic due to linguistic and cultural differences. These issues are currently being addressed.

Title: A Formative Evaluation of HIV/AIDS Risk Reduction Programs in Prison Settings

Lead Scientist(s): Benita L. Harris; Juarlyn Gaiter, Ph.D.; Goodman Obot, M.D.

Principal Investigator/Affiliation: Ronald Braithwaite, Ph.D. and Robert Mayberry, Ph.D.; Emory University School of Public Health, Atlanta, GA

Objectives: This formative evaluation study will describe and test the effectiveness of 4 different HIV prevention programs for incarcerated populations in the United States. These educational intervention programs target high-risk populations from communities of color. Current efforts to evaluate the effectiveness of the interventions on prison populations subsequent to their release will also be assessed.

Research Questions:

- (1) What is currently being done to educate inmates about HIV infection, risk factors, and methods of risk reduction?
- (2) What is the goal of the educational programs? Do prevention messages promote safer sex by influencing risk perception? Are interventions focusing on such factors as injection drug use, sexually transmitted diseases, risk of perinatal transmission? Are skill building approaches used such as teaching proper and consistent condom use and how to negotiate safe sex with a partner?
- (3) Are educational materials culturally sensitive and linguistically appropriate? How effective are peer educators, original plays/dramatizations and facilitated support groups in encouraging behavior change?
- (4) Are educational interventions that encourage bleaching of injection drug paraphernalia, needle exchange, or that discourage needle sharing effective?

Research/Program Need: (1) CDC Plan: A Blueprint for the 1990s. (2) Healthy People 2000, Objectives 18 and 19 (3) The Challenge of HIV/AIDS in Communities of Color, National Commission on AIDS

Methods: The formative evaluation study will compare HIV prevention programs for inmates (or former prisoners) in four settings. In year 1 interview data will be collected from prison staff, prison guards, through direct observations and reviews of available materials and reports (including any evaluations conducted by others). Selected prisons will be visited. Educational materials will be collected and evaluated for reading levels and appropriateness. Evaluations of the impact of current HIV prevention programs will be reviewed.

Sample: 1) incarcerated youthful offenders assigned to a rural regimented program resembling "boot-camp"; 2) youthful offenders receiving risk reduction and counseling services at an inner-city detention facility; 3) adult male prisoners at an inner-city maximum security detention facility who are currently receiving HIV risk-reduction training; and 4) women in support groups who have been recently released from jail and who are at risk for HIV infection because of injection drug use or sexual behaviors.

Variables:

Community and cultural norms; social, sexual, and drug histories; self-reports of acceptance of risk reduction messages, behavioral interventions and referral rates.

Analysis Plan: Data entry and analysis: Multivariate techniques to be used to examine associations between reported behavior data and inmate characteristics. Perception of risk, knowledge, sexual histories, identified behaviors, and acceptance of interventions will be descriptively evaluated.

Current Status: Study began 10/1/93.

Title: Prevention of HIV Risk Behaviors Among Young Women: Using Community Resources to Explore Alternatives to Prostitution

Project Officers: William W. Darrow, Ph.D., Nilka Ríos, M.P.H.

Proposed Principal Investigators/Affiliation: Margarita Alegría, Ph.D., and Mildred Vera, Ph.D., The Center for Evaluation and Sociomedical Research, Graduate School of Public Health, University of Puerto Rico; and John Potterat, El Paso County Health Department, Colorado Springs, CO.

Objectives: To investigate the availability and perceived availability of social services for young women (<25 yrs.) involved in prostitution; to offer risk-reduction messages, materials, and referrals to social service agencies; and to evaluate the acceptance of interventions offered.

Research Questions: (1) What alternatives to prostitution are available, and are perceived to be available, by young women? (2) What available social services will they accept and use? (3) What additional prevention or therapeutic services are needed by young women experiencing a social or economic crisis?

Conceptual Framework: This project has been designed as a prospective pilot study to explore the availability, and perceived availability, of social services for young women involved in prostitution, and a comparable sample of women who might be susceptible to entering prostitution, but deny ever engaging in prostitution at enrollment.

Research/Program Need: Consistent with the goals of the CDC Plan for Preventing HIV Infection, especially goals II & III: To implement and evaluate prevention programs, and to develop prevention technologies. Additional concerns about cultural differences

and local characteristics specifically mentioned in the CDC Plan are addressed in this project. Also consistent with the recommendations of the National Commission on AIDS, Challenge of HIV/AIDS in Communities of Color: To ensure that effective HIV programs are brought to bear in communities of color; to gain a better understanding of the role of cultural and socioeconomic factors in the transmission of HIV, and access to care; to ensure that the prevention and education needs of persons of color who engage in high-risk behaviors are appropriately addressed; to improve access to health care and support services, and to prevent the spread of HIV among adolescent and young adult women.

Methods: Evaluation of a study group (young prostitutes) and a comparison group (e.g., women attending an STD clinic, or living in the surrounding low-income housing area). *Enroll at least 20 prostitutes and 20 comparison women in the following sites: (1) San Juan metropolitan area, Puerto Rico; (2) Fajardo region, Puerto Rico; and (3) Colorado Springs, Colorado.*

Current Status: Study to be completed by 9/30/94.

Title: HIV Prevention and Treatment Practices of Primary Care Physicians in the U.S.

Principal Investigators: John D. Loft, Ph.D.; William D. Marder, Ph.D., Abt Associates, Inc.

BPRB lead scientist(s): Sandra H. Kerr

Purpose/Objectives: To determine the HIV prevention and treatment practices of primary care physicians in the U.S.

Research Questions: Determine the extent to which primary care physicians are asking patients about their drug use and sexual behavior, performing risk reduction counseling and recommending HIV testing when indicated; carrying out partner notification; managing patients with asymptomatic HIV infection, mildly symptomatic infection, and AIDS; and their reasons for not providing these services.

Need for Program/Research: Meet the Health People 2000 Objectives: 18.3, 18.4, 18.8, 18.9, and 18.13.

Methods: Self-administered questionnaires were mailed to practicing physicians in August 1992, with cover letters of endorsement from the American Medical Association (AMA) and the medical society specific to the physician's specialty. Follow-up postcards were sent one week later to encourage the completion of the questionnaire. Several weeks after the postcard mailing, telephone calls were initiated to prompt physician response, to assure that the sampled physician was indeed eligible for the study, etc. Telephone calls were made by thoroughly trained interviewers so that, upon the physician's request, the questionnaire could be administered by telephone.

Sample Size/Selection: The survey was based on a random sample of practicing primary care physicians, using the AMA Physician Masterfile, which contains all physicians in the U.S. Non-patient care physicians (e.g., physicians in teaching, research, administration,

or other professional activities) were excluded from the sample, as were physicians who were retired or had reached the age of 65 at the time of the sample selection.

Implications for Prevention/Public Policy: CDC will use the results of this study in the development of HIV prevention policy and programs. The Health Resources and Services Administration (HRSA) will use the results in its AIDS Education and Training Centers (ETCs) designed for health care professionals. The professional medical organizations will use the results in planning training and education programs for the member physicians.

Project Period: Project was completed July 1993.

Current Status: The findings are being prepared for publication.

Title: 1992 Update: AIDS in Correctional Facilities, Issues and Options.

Principal Investigators: Theodore M. Hammett, Ph.D., Abt Associates, Inc.

BPRB lead scientist(s): Sandra H. Kerr

Purpose/Objectives: To document HIV/AIDS prevention and treatment practices and policies in U.S. correctional facilities.

Research Questions: Statistics on HIV/AIDS among inmates; key issues in correctional systems' policy responses to HIV/AIDS, including education and training of inmates and staff, HIV antibody testing, confidentiality and disclosure of HIV status, housing of inmates with HIV/AIDS, precautionary and preventive measures, and medical and psychosocial services.

Need for Program/Research: Meets the Health People 2000 Objectives: 18.5, 18.9, and 18.13.

Methods: Self-administered questionnaires were mailed to administrators of the Federal Bureau of Prisons, all 50 state correctional systems, and 27-35 large city and county jail systems.

Sample Size/Selection: see above.

Implications for Prevention/Public Policy: CDC will use the results of this study in the development of HIV prevention policy and programs. The information will be helpful in the designing of a formative research evaluation of HIV prevention programs in the correctional institutions which is being planned. The 1993 Update will be altered to provide additional data for the formative research study.

Project Period: 1992 Report was completed. The 1993 update is beginning.

Current Status: The findings are being prepared for publication. The 1993 Update is in preparation.

Title: Use, Acceptance, and Use-Effectiveness of Condoms in Preventing HIV & STD (Gonorrhea) Transmission.

Lead Scientist(s): William W. Darrow, Ph.D., Benita L. Harris

Principal Investigator/Affiliation: Arthur Reingold, M.D., UC (Berkeley)

Objectives: The patterns of use, rates of acceptance, and use-effectiveness of condoms in preventing HIV & STD (gonorrhea), particularly among black and Hispanic populations at greatest risk were assessed.

Research Questions: (1) What changes with respect to condom use occurred between 1971 and 1991 among similarly recruited STD clinic patients? (2) What strategies were used among STD patients to prevent STD/HIV? (3) Does an enhanced intervention involving skills training and behavioral rehearsal increase proper and consistent use of condoms and decrease infections with gonorrhea and other STD?

Conceptual Framework: Enhanced intervention: Skills training and behavioral rehearsal to increase proper and consistent use of condoms and decrease incidence of STD.

Research/Program Need: (1) CDC Plan: A Blueprint for the 1990s, Pp. 21, 25-6, 33-4, 37-8; (2) Healthy People 2000, Objectives 18 (18.3, 18.4) and 19 (19.8, 19.10)

Methods: Replication of 1971 Sacramento study and quasi-experimental evaluation of an enhanced vs. standard intervention for STD clinic patients at the Kern County (Bakersfield), CA, Health Department.

Sample:

Baseline: Enrolled 2,204 consecutively-admitted STD clinic patients. Characteristics

compared with 1954 patients in Sacramento in 1971.

Follow-up: Fifty-six patients who returned were assigned to either an enhanced (n=28) or standard (n=28) intervention. The standard intervention group only received condoms. The enhanced intervention group received condoms, counseling, a condom use demonstration and viewed video clips.

Variables:

Independent — (1) Self-reported histories of condom use and STDs; (2) Enhanced or standard intervention; (3) Sexual risk behaviors. Dependent — (1) Condom acceptance, (2) Reported use of condoms, (3) Incidence of STD (gonorrhea), including HIV seroconversion rates.

Methods of Analysis: Multivariate techniques were used to examine associations between behavioral and other characteristics and clinical outcomes.

Findings:

- Reports of condom use were eight-times higher in 1992 than 1971, but there was no difference in use-effectiveness of condoms at baseline.
- Condom use and automobile seatbelt use increased more than toothbrushing and nonsmoking.
- Participants who received enhanced intervention were more likely to use condoms (44% vs. 25%) and less likely to report multiple partners (18% vs. 7%).

Implications for HIV Programs/Policy: Intervention may be appropriate for STD clinic patients in Kern County and elsewhere.

Current Status: Data collection concluded on December 31, 1992. Final report in progress.

Title: Analysis of Counseling and Testing Data, National Health Interview Survey and CDC CT Database

BPRB Lead Scientist: John E. Anderson, Ph.D.

Purpose/Objectives:

- To estimate the number and percentage of the estimated 1 million HIV positive persons in the U.S. who have been tested for HIV antibodies.
- To assess progress toward Health Objective 18.8 of the HEALTHY People 2000 which states that by the year 2000, 80 percent of HIV-positive persons should be tested.

Research Questions:

- How many unduplicated newly HIV+ persons have been identified through public and private HIV testing?

Methods: Data were synthesized from several sources: the 1991 National Health Interview Survey, CDC's Counseling and Testing Database and CDC's HIV reporting system. Data were adjusted for repeated testing, percentage repeat positives, estimated mortality of HIV positive persons, and the ratio of tests from public and private sources.

Sample: The NHIS is an annual nationally representative sample of the non-institutionalized U.S. population; there were approximately 40,000 respondents to the AIDS questions in 1989 and again in 1990. CDC CT database contains information on over 1.5 million publicly funded tests per year.

Major Findings:

- o By 1991, 33 million persons in the U.S. had been tested for HIV (exclusive of blood donations).
- o About one-third of tests were obtained in public sector settings.

two-thirds from private providers; persons with increased risk were more likely to obtain tests from public providers.

- o Between 1985 and 1992, there were 8.9 million tests by public counseling and testing providers, and 327,000 HIV positive tests.
- o By 1993 there were an estimated 149,000-208,000 surviving persons who had received positive HIV tests from public providers.
- o Depending on assumptions regarding mortality and public/private ratios, 300,000-600,000 HIV+ persons had been tested by the beginning of 1993.
- o It is possible that, by the beginning of 1993, 30%-60% of all HIV-infected persons had been tested; this could be more than half of the goal of 80%.

Implications for HIV Programs/Policy: Efforts are needed to identify and test 40%-70% of HIV persons who have not been tested.

Current Status: 1992 NHIS data are expected in January 1994.

Title: Analysis of the 1988-1991 General Social Survey: Factors Associated with Sexual Risk Behavior.

RPRB Lead Scientist: John E. Anderson, Ph.D.

Purpose/Objectives:
To determine which factors are associated with sexual risk taking in a nationally representative sample of the U.S. population.

Research Questions:

- How many Americans are at risk for HIV and other sexually transmitted infections because they have had two or more sexual partners or sexual contact with a stranger in the past year?
- What characteristics are associated with sexual risk-taking behaviors?

Methods:

Secondary analysis of the NORC General Social Survey data. Data from annual surveys of 1988, 1989 and 1990 aggregated.

Sample:

National household probability sample of the non-institutionalized U.S. population age 18 and older. Analysis uses a subsample, N=2896.

Key Variables:

Dependent:

- Having 2 or more partners in the past year, having 5 or more partners, having sex with stranger or casual date.

Independent:

- Sex, marital status, age, race, education, income, church attendance, smoking and drinking behavior.

Statistical Design:

Multiple logistic regression analysis

Major Findings:

Very little data on sexual behavior have been available from nationally representative samples. The GSS results indicate that age, marital status, sex, alcohol consumption and race are the strongest and most consistent predictors of the sexual risk behaviors measured. An estimated 3-6 million adults had 5 or more sex partners, and 5-8 million had sex with a stranger in the year previous to the survey.

Current Status:

Awaiting availability of next round of data (1993).

Implications for HIV Programs/Policy: The results indicate the extent of sexual risk taking and the factors related to it in the general population, rather than just persons attending clinics. This has implications for the design of interventions that target the general population, not just clinic populations.

Title: Behavioral Risk Factor Surveillance System (BRFSS): Knowledge of AIDS and AIDS Health Care for States.

BPRB Lead Scientists: Robert Brackbill, Ph.D.; John E. Anderson, Ph.D.

Purpose/Objectives: Use state-specific annual and one-time BRFSS surveys to examine knowledge of HIV/AIDS, awareness of treatment, sources of information and services.

Research Questions:

- How well informed about the availability of HIV counseling and testing services are residents of various U.S. states?
- Is knowledge of treatment for infected persons related to awareness of counseling and testing services?
- Are persons in general population groups aware of outreach services to prevent HIV/AIDS?

Methods: Analyze AIDS related questions from annual BRFSS telephone surveys in 44 states and the District of Columbia, present results for states. Analyze results for single-time special interest surveys conducted by individual states as part of the BRFSS program.

Sample: BRFSS telephone surveys are conducted annually in each participating state using random digit dialing methods to obtain representative samples of populations 18+. Sample sizes in the 45 separate surveys ranged from 831 to 3420 respondents.

Key Variables:

Dependent:

- Knowledge of AIDS treatment drugs, ever tested for HIV, source of test, awareness of community sources of information, number of partners, condom use.

Independent:

- Demographic variables, residence, state.

Statistical Design: Reported percentages with confidence intervals.

Major Findings: States vary in knowledge of AIDS treatment drugs. The largest percent would seek testing from private doctors or hospitals. In one urban sample one-third knew of sources of AIDS information or services in their community and one-tenth had received services.

Current Status: New HIV/AIDS module started in 1993. Data available October 1994.

Implications for HIV Programs/Policy: Data from Connecticut indicate that efforts are needed to make the two-thirds of respondents who did not know where to get information aware of existing programs in their areas, and these efforts should be oriented toward persons in lower education groups who had the lowest awareness levels.

Title: Sexual Behavior and Condom Use
Among Street Youth in Hollywood, California

Project Officer/Location: John E. Anderson,
Ph.D. (AESOP)

Purpose/Objectives: Analysis of data of a
probability survey of street youth in Hollywood
to determine prevalence and correlates of
sexual risk behavior and condom use.

Research Questions:

- How prevalent are sexual risk behaviors
among street youth, i.e., homeless and
runaway youth, and youth involved in the
street economy.
- How prevalent is condom use and what
factors are associated with condom use
among street youth.

Methods: Analyze data from the 1991 Sex
and Drug Use Survey of Young Adults, Los
Angeles. Estimate the rate of condom use by
type of sex and type of partner. Multivariate
logistic regression analysis of condom use the
last time respondent had sex.

Sample: 600 interviews conducted with a
probability sample of youth age 13-23 making
use of drop-in centers in Hollywood.

Key Variables:

Dependent:

- Use of condoms by type of sex act, type
of partner, use of condom the last time
respondent had sex.

Independent:

- Demographic variables, length of time
since leaving home, involvement in street
economy, testing for HIV, sexual
orientation, self-reported chance of
acquiring HIV.

Statistical Design: Reported percentages with
confidence intervals, multiple logistic
regression analysis.

Major Findings: Preliminary findings indicate
that sexual activity is nearly universal in this
population, prevalence of engaging in "survival
sex" is high, condom use is higher with higher
HIV-risk activities (anal sex). 45% of males
and 30% of females used condoms at last sex.

Current Status: Article forthcoming Jan/Feb
Family Planning Perspective.

Implications for HIV Programs/Policy: The
street youth population is at high risk for HIV
and STD infection. Programs need to promote
condom use especially among females and
males with lower education who have lower
rates of condom use.

Title: Condom Use: Data from Cycle IV
National Survey of Family Growth (1988)

BPRB Lead Scientists: John E. Anderson,
Ph.D., Lloyd D. Potter, Ph.D.

Purpose/Objectives:

To analyze the consistency and continuation of condom use for contraception, use of condoms in conjunction with other contraceptive methods, and reported use of condoms to avoid infection.

To examine the value of STD information on a large national survey

Research Questions:

- How many sexually active, never-married women in the US have used condoms?
- How consistent have condoms been used?
- How do consistent condom users, inconsistent condom users, and non-condom users differ?
- How well are STDs reported on a large national survey?
- What factors are related to reported STDs on the NSFG?

Methods: Secondary analysis of data from the 1988 NSFG

Sample: Nationally-representative sample of women age 15-44. N=8450

Key Variables:

Dependent:

- Ever use of condom, current condom use, continuation of condom use, condom use with other methods, condom use to avoid infection.
- Reported STD experience (gonorrhea, chlamydia, herpes, warts)

Independent:

- Marital status, age, number of sex partners, self-perceived risk of HIV infection, race/ethnic group, poverty level, AIDS/HIV knowledge, history of STD.

Statistical Design: Cross-tabular analysis, multiple regression, survival analysis.

Major Findings: Women at greatest risk for HIV/STD are least likely to use condoms consistently. Characteristics of women who report STDs is different on survey and surveillance data

Current Status: One paper published, one submitted.

Implications for HIV Programs/Policy: Document consistency with which condoms are used, identify population subgroups which are less successful using condoms. Data from surveillance systems may be weighted towards users of public clinics, and may not be representative of national population.

Title: Cycle V (1994) National Survey of Family Growth: Questionnaire items, STD and HIV related behavior and prevention.

Principal Investigator: William Mosher, NCHS

Project Sites: To be determined

BPRB Lead Scientist(s): John E. Anderson, Ph.D.

Purpose/Objectives:

Collaborate with the National Center for Health Statistics to develop questionnaire items for this national survey of women 15-44 to measure behavioral outcomes related to STD and HIV prevention. In past surveys these included the areas of:

- Initiation of sexual behavior and numbers of partners.
- Use of condoms.
- History of PID.
- HIV/AIDS Knowledge.
- Behavior change related to HIV.

Refine questions to more closely reflect DSTD/HIVP programs including:

- Relation of chlamydia and other STDs to PID, infertility.
- More specific questions on use of condoms and consistency of use to avoid infection (rather than for contraception).
- Improved questions measuring HIV-related behavior change.
- Questions to measure experience with HIV counseling and testing.

Research Questions:

- What is the prevalence of sexual HIV risk behaviors among reproductive age women?
- What factors are closely related to risk behavior?
- What are the prevalence and correlates of condom use for disease prevention and HIV counseling and testing among reproductive age women?
- What are the prevalence, correlates and relationship of history of STD, PID and infertility?

Need for Program/Research:

National information important for evaluation of HIV and STD prevention programs.

Methods:

Collaborate with NCHS on pretesting and evaluating questionnaire items and plan and execute data analysis and report preparation.

Sample Size/Selection:

National household based sample of 9,000 women 15-44

Implications for Prevention/Public Policy:

Will provide national data for designing and evaluating programs that are not available elsewhere.

Current Status:

Questionnaire is currently under revision. BPRB staff have provided suggestions to NCHS.

Title: Evaluation of HIV Prevention Street Outreach Program for IDUs and Youth at High Risk (AESOP)

Principal Investigators/Project Sites:

Youth at High Risk

Helene Lauffer

Steve Mills

Michele Kipke

Victim Services, NYC

San Francisco DOH

Children's Hospital of L.A.

IDU

Yolanda Serrano (Deceased) Assoc. of Drug Abuse, NYC

Rose Cheney Philadelphia Health Mgt.

Kathleen Toumey Georgia Dept. of Human Resources

Wayne Wiebel University of Illinois, Chicago

Anna Long Los Angeles DOH

BPRB Researchers:

John E. Anderson Ph.D., Judith Greenberg

Ph.D., Jo Valentine, Don Dowda, Linda Kay,

May Kennedy, Robin MacGowan, Kathy Stark,

Linda Wright-DeAgüero

Purpose/Objectives:

- To evaluate the coverage, cost and impact of currently operating street/community outreach interventions to reduce the risk of HIV in Injecting Drug Users (IDUs) and Youth in High Risk Situations.
- To develop and test effectiveness of enhancements to ongoing street outreach activities.
- To measure risk behavior, exposure to outreach and behavioral change through a series of cross sectional surveys in a study area and comparison area.
- To assist agencies and organizations that serve IDUs and Y-HRS in improving the effectiveness of their outreach efforts.

Theory/Conceptual Framework: Enhanced interventions will address distinct basic elements of outreach activity including staffing, engagement, client needs, direct intervention, referral/recruitment, and follow-up as well as a broad framework of theoretical constructs drawn from behavioral theory.

Methods: Phase I - Formative Evaluation and evaluation of current street outreach. Qualitative methods (Community Assessment Process) will be used to assess the targeted

communities and determine, sample selection, questions for survey design, and intervention strategies. A cost-analysis of current street outreach will also be conducted.

Phase II- Evaluation of Intervention Effectiveness. A series of baseline and post-enhancement cross-sectional surveys in study and comparison communities will be used to evaluate effectiveness in a collaborative multi-site design.

Sample Size/Selection: Target group members will be sampled using methods to make samples as representative as possible. Two rounds of surveys will constitute the baseline and will be followed by enhancement in the study area, and at least 2 more rounds of surveys. The goal is 200 interviews in the study and 200 in the comparison area for each round.

Findings:

The first round of baseline quantitative surveys were conducted at each of the 8 sites between January and August 1993. Results from the initial round these quantitative surveys (shown in the table below) indicate that from 17% to 65% of IDUs and from 23% to 41% of YHRS reported that they had talked with an OW, 16% to 58% of IDUs and 22% to 39% of YHRS had received condoms from outreach workers. Among IDUs who had contact with Ows, 15% to 43% reported that they had never been in any form of drug treatment.

Implications for Prevention/Public Policy: Directly addresses objectives 18.4 and 18.6 indirectly addresses 18.5 and 18.8 of the Healthy People 2000 Objectives.

Project Period: September 30, 1991 to September 28, 1996.

Current Status: All sites have conducted at least 2 baseline rounds of the survey and begun implementing the outreach enhancement in the study area. Initial results of the first round of surveys have been analyzed, presented in MMWR, November 1993.

Title: Impact of HIV C&T on Methadone Clinic Clients in New England

PI/Affiliations: Beth Weinstein-CT Dept. of Health Services; Tom Barker-MA Dept. of Health

BPRB Lead Scientist: Robin MacGowan, M.P.H.

Project Officer/Location: Tom Cylar, NCPS, DSTD/HIVP, POB

Research Questions: A) Do sex and drug-using behaviors, needle hygiene, and mental health indicators differ among clients by program philosophy (organizational model) and client participation and compliance in program activities? B) What differences are there between those who choose HIV Counseling and Testing (C&T) and those who do not? C) Do self-esteem, drop out rates, sex behaviors, treatment compliance, drug use and needle hygiene differ between those who learn their serostatus through HIV C&T, those who self-report serostatus, and those who do not know their serostatus.

Research/Program Needs: CDC Plan, Goal II.2, p.13

Methods: Prospective study in which data are collected by abstracting existing clinic records, ethnographic observations, and administration of a standardized questionnaire at baseline, 1, 3, 6 and 12 months.

Sample: 1053 participants were enrolled into the study, 674 were new enrollees into treatment, and 379 were existing clients before their first interview.

Key Variables: Program initiated or self-initiated HIV C&T, Sexual behavior, Drug use, Needle sharing, Needle cleaning, Mental Health Indicators/Self-esteem, Treatment retention, Program philosophy, Program compliance.

Statistical Design/Tests:

Parametric and non-parametric statistics will be used to examine changes among and between the treatment and comparison groups.

Major Findings: Preliminary data (n=1053) show pretest/tested 38% at entry into treatment; 55% male; 46% white, 28% Hispanic, 21% black; 82% ever tested for HIV antibodies, 21% seropositive. Women more likely to be tested than men (41% vs 28%), and differences in testing exist by program philosophy, medical 27%, 12-step 19%, case management 53%. Two thirds of HIV positive IDUs reported having tested positive before entering treatment, and 8% of IDUs are likely to be tested for the first time on entry into treatment. (Of the 674 new enrollees into treatment, 132 (20%) reported a positive HIV test result and 18% also reported having been diagnosed with AIDS.) One month into treatment, seropositive individuals are more likely to increase condom use. 45% of injectors are still injecting at 1 month into treatment. Of the new entrants into treatment, six factors were independently associated with client reported serostatus. They were as follows: race/ethnicity other than white, being over 34 years of age, having recently injected drugs, having recently used speedball, having not used heroin in last 30 days, and having engaged in "safer sex" in the last 30 days. Examining behavior change of all the participants from the first to the second interview, data were available from 988 drug users. Subjects were asked about their drug injection behaviors, their HIV C&T experiences and test results, and the length of time they had been in drug treatment at the time of the first interview. The data show that: 1) drug users in treatment reduce injection (49.4% stopped, and 7.5% started injecting); 2) New Enrollees who inject drugs are more likely to stop injecting than injectors currently in treatment, and; 3) Injection behavior change was similar by reported serostatus and HIV C&T experience.

Status: Project data collection completed.⁴

Title: Impact of HIV C&T on IDU in Detoxification Programs in Puerto Rico

Principal Investigator/Affiliation:
Rafaela Robles-U. of Puerto Rico, S.P.H.

BPRB Lead Scientist: Robin MacGowan, MPH

Project Officer/Location: Tom Cylar, NCPS, DSTD/HIVP, POB

Research Questions: The project goals are to observe changes in sexual behaviors, drug use and needle hygiene among injection drug users (IDUs) enrolled in a methadone detoxification (Detox) program in Puerto Rico (PR), and to determine whether HIV risk behaviors, psychological status, and serostatus differ between the following:

- IDUs who learn their HIV test result and those who do not following HIV counseling and testing (C/T) while in Detox;
- IDUs who receive a seropositive test result and those who receive a seronegative result; and,
- Individuals receiving HIV C/T in Detox in PR compared with IDUs in drug treatment in a similar CDC project in New England.

Null Hypotheses: There are no reported behavioral changes and/or differences in lifestyles, HIV risk behaviors and HIV seropositivity; between IDUs receiving HIV C/T in drug treatment and IDUs who do not enter drug treatment in Puerto Rico; between IDUs who receive HIV C/T in drug treatment programs in New England; and, among IDUs in treatment in Puerto Rico between Time-1 (baseline), Time-2 (6-month follow-up) and Time-3 (12-month follow-up).

Research/Program Needs: CDC Plan: Goal II.2, p.13

Methods: Prospective evaluation study. A questionnaire is administered at baseline (entry into detox program), and 2 follow up interviews at approximately 6 month intervals.

Sample: Of the eligible IDUs admitted to detox programs, 747 were recruited and

interviewed (baseline). Of these, 548 (73%) completed the second interview approximately 8 months after the first interview (first follow-up). Of the 548 that were interviewed for a second time, 297 (54%) completed the third interview approximately 16 months after the first interview (second follow-up).

Key Variables: HIV C/T, Knowledge of serostatus, Sexual behavior, Needle sharing, Needle cleaning, Mental Health Indicators/Self-esteem, and Program compliance/utilization.

Statistical Design/Tests: Parametric and non-parametric statistics will be used to examine changes among and between the treatment and comparison groups.

Major Findings: Of IDUs entering drug detoxification centers 29% are seropositive; 85% male; 77% have been to the US; 51% have been incarcerated; 66% have injected for >5 years; 14 of 29 bisexual/ homosexual men (48%) versus 66 of 225 (29%) heterosexual men are seropositive; 65 of 174 (37%) who thought they were at risk for HIV infection were seropositive versus 16 of 80 (20%) who did not think they were at risk. Behaviors associated with seropositivity are: years of injecting drugs, injecting with used needles in jail, and having sex with an IDU in the last 6 months. The following results on injection behaviors of the 297 participants who have completed all three interviews. Seropositive and seronegative individuals reduced injection practices and, for those who continued to inject, sharing of injection equipment decreased from baseline to the first follow-up interview. Both seropositive and seronegative injectors also reported an increase in injecting alone (not sharing) from baseline to the first follow-up interview. However, there was practically no change in drug injection behaviors for both groups from the first to the second follow-up interview. Most of those who share do not bleach, and there were no significant changes in bleaching over time for those who shared, regardless of serostatus.

Project Period/Budget: Data collection completed.

- Title: Determinants of Incidence of STD and of Behavior Change in a High-Risk Population of Perinatal Women (Project Prevent)

BPRB lead scientist: Ron Fichtner, Ph.D.

PI/Affiliation: Donna Carson, M.S.W., Emory University Regional Perinatal Center, Atlanta, GA; Sandy Covington, MSW, Project Prevent, Atlanta, GA; Danielle Bowen, Emory University, Atlanta, GA.

Purpose/Objectives: Among a population of urban, substance-using, perinatal women who are at very high-risk for having STD, to identify (1) the incidence of STD (esp. chlamydia, gonorrhea, and early syphilis), (2) the social and behavioral determinants of infections, and (3) the predictability of self-reported intentions to change behaviors.

Research Questions: Despite available public clinics that provide prenatal care and despite aggressive outreach efforts that encourage women to utilize this care, what behavioral and social characteristics are predictors of these women being delivered while infected with STD? What is the prevalence of STD in this population? What types of substance abuse during pregnancy are implicated most often? Are self-reported intentions to change behaviors and lifestyle (e.g. drug use, abusive partner, no condom use, poor housing, joblessness) predictive of actual behavior change?

Need for Program/Research: Healthy People 2000 Objectives 14.11, 19.1c, 19.2, 19.3, and 19.4

Methods: This research project will obtain information from patients participating in Project Prevent, an Abandoned Infant Act Model Demonstration Project, based at Grady Memorial Hospital and the Emory Regional Perinatal Center. Women are admitted to Project Prevent (1) while pregnant or (2) at time of delivery when, at either instance, they either give a history of drug use, are toxicologically positive for drugs and/or alcohol, or test positive for HIV. Questionnaires will be administered to clients upon their admission to Project Prevent and

six-months after being delivered. In addition to standard Project Prevent questionnaires that assess socio-demographics and histories of substance use, two research questionnaire modules will be administered: an STD/HIV behavioral risk assessment module and an intention/efficacy-to-change module. To acquire longitudinal data, a home visit six months post-delivery will be used to assess if changes in behaviors and life status have been attained. In addition, results from STD diagnostic tests and drug screens (both prenatal and at delivery) will be obtained, and some medical data will be obtained from infants born to these women.

Implications for STD Prevention and Control: Case surveillance and recent epidemiological studies have shown that STD cluster in high-risk, urban populations, and that substance abuse in pregnancy is often implicated. Results from this study should sharpen our estimates of STD prevalence in this population; approximate the proportion of congenital syphilis prevented by this peer-based, outreach method; and see if stated intentions to change behaviors are predictive of actual behavior modifications.

Project Period: Questionnaires administered beginning Dec. 1, 1993. Data collection completed: Nov. 30, 1994.

Title: The Atlanta Congenital Syphilis Research Project: Assessing and Improving Provider Compliance.

BPRB Lead Scientist: Ron Fichtner, Ph.D. (and the DSTD/HIVP Congenital Syphilis Working Group)

PI/Affiliation: Roger Rochat, M.D. and Lee Warner, M.P.H., Office of Perinatal Epidemiology, Georgia Department of Human Resources, Atlanta, GA

Purpose/Objectives: Design, implement, and evaluate an intervention in the perinatal catchment area of Grady Memorial Hospital to decrease, among women who deliver infants diagnosed with congenital syphilis but have had prenatal care, the proportion of cases attributed to deficient provider compliance with published guidelines.

Research Questions: Among cases of congenital syphilis (CS) detected at Grady Memorial Hospital since the advent of the new case definition (July 1, 1990 – June 30, 1993), what proportion of the cases who had initiated prenatal care? What proportion of the infant cases born to mothers had initiated prenatal care could be attributed to provider non-compliance with CDC and State of Georgia guidelines for prevention of CS? What are the factors responsible for provider non-compliance? Are these factors remediable? If so, can an intervention that is designed to remediate them be implemented and evaluated to show that it was effective?

Need for Program/Research: Healthy People 2000 Objective 19.4

Methods: Phase I (Identification of non-compliance factors and intervention design). All CS cases detected in Grady Hospital (GMH) for the three-year baseline period 7/1/90–6/30/93 will be approximated by using all available data sources including (1) the Georgia CS case logbook, (2) hard copies of all case report forms sent to DSTD/HIVP from Georgia, and (3) the DSTD/HIVP CS computer files. From this merged list of the total number of cases surmised to have occurred at GMH, select and collect data from GMH

medical records to identify women who had prenatal care, the extent of prenatal care, and instances of likely provider non-compliance with prevention guidelines. Based on these factors for non-compliance, design an intervention to include pertinent providers and laboratories, if necessary, to maximize likelihood of future compliance.

Phase II (Intervention and evaluation). Conduct a three-month intervention followed by a nine-month evaluation involving the careful monitoring of all GMH CS outcomes that occurred despite prenatal care. The new proportion of cases attributed to non-compliance will be determined and compared with the baseline proportion.

Progress: The research project protocol received IRB clearance from GMH to abstract medical records for the three-year baseline period. Preliminary analyses of data sources have identified 35 GMH cases (90 state-wide) in 1990 alone that were reported on the State DHR but were not included in the DSTD/HIVP surveillance reports.

Implications for STD Prevention and Control: It can be anticipated that reasons for CS prevention guidelines non-compliance will be identified and grouped in the following categories: system failure, provider/institutional barriers, patient barriers, and no definable reasons. The intervention, if effective, could be used nationally. Also, CS surveillance needs will be better analyzed through emerging understandings of the origins of discrepancies in case reporting. This, too, may have national implications for improving CS surveillance systems.

Project Period: Phase I (July 1, 1993 – June 30, 1994). Phase II (July 1, 1994 – June 30, 1995).

Title: Perceived Risk vs. Actual Risk: Factors Influencing STD Clinic Clients to Obtain HIV Pre-Test Counseling and Return for Post-Test Counseling.

BPRB Lead Scientist: Ron Fichtner, Ph.D.

PI/Affiliation: Charles Rabins, STD Section, Division of Infectious Diseases, Illinois Department of Public Health, Springfield, IL

Purpose/Objectives: For an STD Clinic client population, determine the extent to which a client's likelihood of going through the stages of HIV counseling and testing is associated with measures of the client's perceived risk (PR) and actual risk (AR) for HIV infection.

Research Questions: To what degree are PR and AR predictors of STD clinic clients accepting HIV pre-test counseling? To what degree are PR and AR predictors of these clients who are pre-test counseled actually acquiring an HIV test and then returning for test results and post-test counseling. Among patients who are tested for HIV, to what degree are PR and AR predictors of testing positive for HIV?

Need for Program/Research: Healthy People 2000 Goal 18.8 ("Increase to at least 80% the proportion of HIV-infected people who have been tested for HIV infection.") There is a research need to determine if perceived risk is an important determinant of behavior change for STD/HIV risk reduction and to what extent perceived risk and actual risk are correlates.

Methods: Data were collected from 30,680 visits from clients seeking services in the State of Illinois' 25 principal publicly-funded STD clinics that are located in Illinois, but not in Chicago (during the period July 1, 1991 through September 30, 1992). Each clinic offered on-site confidential HIV counseling and testing services. Clients were administered a private, face-to-face 15-item Risk Assessment Questionnaire (RAQ) to determine self-reported behaviors that prevent, increase, or decrease risk of acquiring and transmitting STDs, including HIV. Each client's primary STD diagnosis was attached to the RAQ. An AR index was constructed.

Primary Findings: AR was more associated than PR with HIV positivity. PR is a better predictor than AR of both men and women completing all stages of HIV counseling and testing, as well as for entry into pre-test counseling and for returning after being tested. Men were more likely than women to have AR and no PR. Women were more likely than men to have PR in the absence of AR. For men, being an MSM and having genital ulcer disease were most closely related to being seropositive. Men in these two risk categories were most likely to not have PR. For women, IDUs were most closely related to being HIV seropositive. Women in this category were also most likely to not have PR.

Implications for STD/HIV Prevention and Control: Programs should use AR rather than PR to assess true client risk for HIV infection. Risk-reduction messages for STD clinic clients should emphasize that genital ulcer disease, at least for men, is a major risk factor for HIV infection. Programs should continue to target MSMs and IDUs (both men and women) for HIV prevention efforts. Because clients with no PR are so unlikely to return for test results and post-test counseling, they should be primary candidates for HIV rapid-testing methods.

Project Period: Nov. 1992 - Nov. 1994

Title: The Cities in Schools Project: Peer Counseling/Education for Preventing STD/HIV/AIDS in a Drop-Out Prevention School Setting

BPRB Lead Scientist: Ron Fichner, Ph.D.

PI/Affiliation: Margaret O'Hara, Ph.D., Dept. of Pub. Health, U. of Miami School of Med., Miami, FL

Purpose/Objectives: For students enrolled in an alternative high school (grades 9-12) for former school drop-outs, this project will develop and evaluate an STD/HIV prevention curriculum that will be implemented by adolescent peer counselor educators (PCEs) in a structured group format within the academic curriculum. It will also test the feasibility of the adolescent PCEs delivering an STD/HIV prevention curriculum in a structured group format for middle school youth.

Background: Recent research has provided us with promising sex education and drug-abuse curricula which could impact the initiation/frequency of sexual activity and the use of condoms among adolescents at apparent high-risk for STD/HIV. These curricula are based on the social-influence behavior model that postulates people learn to avoid high-risk behaviors by first watching peers model socially desirable behavior and then, under the auspices of the peers, by practicing those behaviors. Curricula evaluation indicate that PCEs can be effective messengers and teachers in school-based settings.

The National Cities in Schools (CIS), Inc. program operates in 70 U.S. cities and delivers a mix of educational offerings, but no enhanced sex education, to "high-risk" students in elementary, middle, and high schools and to students (approx. 50,000 nationally) who have dropped-out but attend alternate CIS high school "academies." CIS is sponsored jointly by the U.S. Dept. of Education, private corporations, and local school systems, and has strong support from local communities.

Research Questions: Can PCEs be effectively trained to deliver accurate messages and model prevention behaviors? Can the delivery of the curriculum to students by PCEs be measured to

be effective in bringing about salubrious changes in self-reported STD/HIV knowledge, attitudes, behaviors, perceptions of risk, behavioral intentions, and skill efficacies? Is it feasible for adolescent PCEs to deliver an STD/HIV prevention curriculum in a structured group format to middle school youth who have been identified to be at high-risk of dropping-out?

Need for Program/Research: Healthy People 2000 Goals (5.4, 5.5, 8.9, 18.3, 18.4, 18.10, 19.9, 19.10, and 19.12) and CDC Plan for Preventing HIV, Blueprint for the 1990s Objectives (II.1b, II.1c, II.2b, and IV.1a). CDC has targeted in-school and out-of-school youth for STD/HIV prevention efforts, but prior to this, has not targeted this sizeable population of returned drop-outs.

Methods: Corporate Academy North of Miami, Florida, a free-standing CIS alternate school for grades 9-12, has been selected as the intervention site. Formative research in 1992 indicated that students there were at extreme levels of risk for STD/HIV. A training curriculum for PCEs and a classroom curriculum will be developed; 12 PCEs will be selected and trained; 2 successive waves of four groups each (8-10 students each group) will be drawn from the language arts classes and given pre-tests, administered the six-unit curriculum, and then given post-tests; PCEs will receive a 3-week training program to lead structured groups in middle schools; and the PCEs will conduct a 4-session seminar in a middle school to selected students; and this latter effort will undergo a process evaluation.

Implications for STD/HIV Prevention and Control: National CIS, Inc. has indicated that the PCE-based model, if effective, will be adopted nationwide.

Project Period: 12/1/93 - 11/30/94

Title: Alexandra Youth STD/HIV Intervention Design Project

Principal Investigators: Thuli Shongwe, Antonio Fernandes, M.D.; Jacob Gayle, Ph.D.

Project Site: Alexandra Township, Republic of South Africa

BPRB Lead Scientists: Carolyn Becker, Ph.D., Jo Valentine, George Schmid, M.D., M.P.H.

Purpose/Objectives: To provide training and technical assistance in conduct of formative research in Alexandra Township; to assist South African collaborators in the planning and evaluation of a community-based STD/HIV intervention targeting Township youth.

Theoretical/Conceptual Framework: Community organization theory, cognitive theories of behavior change.

Methods: Qualitative methods (individual interviews, mapping, observation and focus groups) were used to (a) identify community members to participate in intervention planning and delivery; and (b) collect information on the characteristics and environment of Township youth. Formative research findings and data from other local studies will be used to design a community-based STD/HIV intervention targeting one or more subgroups in the local population.

Sample Size: Convenience samples were drawn from the community, including youth (15-25 years old) and adults who provide formal or informal services to youth (such as teachers, taxi drivers, and tavern owners). Interviews were conducted in English, Zulu, Sotho or Tswana.

Findings: Qualitative data from 75 individual interviews and 3 focus groups suggest that Township youth are at high STD/HIV risk because of early sexual debut, multiple partners, "survival prostitution", alcohol and (noninfecting) drug use, and inadequate information about STDs and HIV. Perceived risk for STDs is high, especially among young women, who can neither trust their partners to

be faithful nor insist on condom use. Young people believe that HIV can be avoided by not having sex with certain types of people, such as recent immigrants. Condoms, although perceived as effective barriers, are rarely used because they are unpleasant, inaccessible, and socially disapproved. STDs are regarded as the young woman's "shame" and as status-conferring evidence of the young man's sexual activity.

Status: Formative research data are being analyzed and will be summarized in a technical report of findings and recommendations (February 1994). Early findings were presented at the 8th International Conference on AIDS in Africa (Marrakech). The CDC technical assistance team (Becker, Valentine, Schmid) will continue to provide weekly consultation to Alex project staff on intervention planning and evaluation. The team will provide 2 - 3 weeks of on-site assistance in mid-1994.

BEHAVIORAL AND PREVENTION RESEARCH BRANCH LIST OF PUBLICATIONS 1993

I. Published Reports and Chapters:

Journal	Title	Author/Presenter
	Final Report for Peace Corps: Prevention of STD and HIV Infection Among Peace Corps Volunteers - Research and Recommendations	C. Beeker, J. Moore
	Final Report on Minority Behavioral Epidemiology Evaluation Project: Hispanic Nongay-Identifying Men Who Have Sex with Other Men - A Formative Study 1991-1992	C. Beeker
AIDS	The Effects of a Community Support Group on Behavioral Change in HIV-Positive Cocaine Users. ¹	J. Greenberg
AJPH	Spermicides as Fallback - The Case Against Pessimism	C. Beeker, C. Galavotti
	Comparison of STD Clinic Patients' Risk Factors Reported in Self-Administered Questionnaire and Face-to-Face Interviews ¹	B. Boekeloo, D. Rabin L. Schiavo, R. Conlon, C. Jordan, D. Mundt
Health Psychology	Measuring Adoption of Consistent Use of Condoms Using the Stages of Change Model ¹	D. Schnell, C. Galavotti, M. Fishbein, DKS Chan
Int'l. Journal of Epidemiology	Behavioral Risk Factors and HIV Infection of Injection Drug Users at Detoxification Clinics in Puerto Rico.	R. Robles, H. Colon, N. Diaz, R. MacGowan
Journal of Applied Social Psychology	Factors influencing gay men's attitudes, subjective norms, and intentions with respect to performing sexual behaviors.	M. Fishbein, D. Cohn, DKS Chan, D. Schnell, K. O'Reilly, C. Beeker
MMWR	HIV Prevention through Case Management for HIV-infected persons - Selected Sites.	S. Kerr

¹ Submitted for Publication.
² Accepted for Publication.

<u>Journal</u>	<u>Title</u>	<u>Author/Presenter</u>
MMWR	Differences Between Anonymous and Confidential Registrants for HIV Testing - Seattle	G. Goldbaum, R. Wood, T. Pearlman, L. Krueger, C. Becker
	HIV Prevention Practices of Primary Care Physicians	S. Kerr
	Assessment of Street Outreach for HIV Prevention 1991-1993	J. Anderson
Sexually Transmitted Diseases	Relationship Between Contraceptive Method Choice and Beliefs about HIV and Pregnancy Prevention. ¹	C. Galavotti, D. Schnell
Statistics in Medicine	The AIDS Community Demonstration Projects. An evaluation of sexual behavior change using statistical and cognitive models.	D. Schnell, C. Galavotti, K. O'Reilly
	A Regression Method for Analyzing Ordinal Data from Intervention Trials. ¹	D. Schnell, E. Magee, J. Sheridan

II. Published Presentations/Abstracts/Posters:

<u>Journal</u>	<u>Title</u>	<u>Author/Presenter</u>
American Sociological Assn. Meeting and GA. Sociological Assn. Mtg.	From Public Service Announcement to Peers: Where People at Risk Get HIV Prevention Information.	L. Norman, A. McAllister, et al.
APIA Annual Conference	Similarities and Differences in Street Youth Populations in the United States.	J. Greenberg
	Behaviors & Demographics Ass'd. With Reported HIV Infection Among Methadone Treatment Clients in Central Connecticut and Massachusetts.	C. Collier, G. Cole, R. MacGowan, R. Flichtner, N. Swanson, A. Kroczak

¹ Submitted for Publication.

² Accepted for Publication.

<u>Journal</u>	<u>Title</u>	<u>Author/Presenter</u>
APIA Annual Conference	Changes in Injection Behaviors of Drug Users in Methadone Treatment By Duration of Treatment, Knowledge of Serostatus and HIV CT, in New England.	R. MacGowan, R. Ransom, K. Stark, C. Collier
	A Comparison of Injection Practices of Drug Users by HIV Serostatus Before and After Detox in Puerto Rico.	N. Rios, R. MacGowan, C. Collier, N. Diaz
IXth International Conference on AIDS	Support Group Intervention for HIV-Positive Drug Users: Impact on Risky Sexual and Drug-Use Behaviors.	J. Greenberg
	Changes in Drug and Sexual Behaviors Reported by Methadone Clients in Connecticut and Massachusetts, by knowledge of serostatus, June 1990-January 1993.	R. MacGowan, G. Cole, D. Rugg, C. Collier
	HIV Risk Behaviors Among Peace Corps Volunteers.	C. Becker, J. Moore
	Project Prevent: Effectiveness of a Peer-Based Outreach Program That Targets Urban Pregnant Substance Abusers.	R. Fichtner, D. Carson, S. Covington
	Bisexuality, Drug Use and Prostitution Among Men Intercepted in Urban Neighborhoods with High IDU Prevalence.	C. Becker
Joint Statistical	A Regression Method for Analyzing Ordinal Data from Intervention Trials.	D. Schnell, E. Magee, J. Sheridan
Meeting of the Int'l. Society for STD Research	Perceived Vs. Actual Risk: Factors Influencing STD Clinic Clients to Obtain HIV Pretest Counseling	R. Fichtner, C. Rabins, D. Schnell, M. Fishbein, J. Anderson, D. Holtgrave
Southern Sociological Society Meeting	Sociologists and AIDS Research at CDC: What Are We Doing and Why Would You Be Interested?	J. Greenberg
Workshop for Georgia Nurse Practitioners	Issues Related to Support Groups for HIV-Infected Persons.	J. Greenberg

Revised 1/94

III. Reports and Chapters in Clearance:

<u>Journal</u>	<u>Title</u>	<u>Author/Presenter</u>
AJPH	Demographics and Behaviors Associated With Reported HIV Infection Among Methadone Treatment Clients in Central Connecticut and Massachusetts.	R. MacGowan, C. Collier, G. Cole, R. Fichtner, N. Swanson, A. Kroliczak
Health Psychology	Measuring the Adoption of Consistent Condom User During Vaginal Sex Using the Stages of Change Model.	D. Schnell, C. Galavotti, M. Fishbein
MMWR	HIV Prevention Practices of Primary Care Physicians.	S. Kerr
	Evaluation of HIV Prevention Street Outreach Program for IDUs and Youth at High Risk (AESOP)	J. Anderson, J. Greenberg, J. Valentine, M. Kennedy, L. Kay, D. Dowda, L. Kay, R. MacGowan, L. Wright, H. Lauffer, S. Mills, M. Kipke, Y. Serrano, R. Cheney, K. Toomey, W. Wiebel, A. Long
Public Health Reports	HIV Prevention in Prisons: Obstacles and Opportunities.	S. Polonsky, S. Kerr, B. Harris, J. Galter

PUBLICATIONS/PRESENTATIONS LISTING BY PROJECT

Project Name

Publication/Presentation

STD Clinic Flow and Utilization:

Abstract submitted for oral presentation to Society for Applied Anthropology meeting in San Francisco April 1994. In addition, a presentation is scheduled to NCPS HIV/STD Update 2/25/94.

Development and Pretest of HIV/STD Intervention Strategies for Targeting Minority Heterosexual Males

"WOMEN I MESS WITH DON'T HAVE ANYTHING TO DO WITH AIDS": A Phenomenological Explanation of Risk Perception has been submitted for publication. Papers: 1) Comparing African-American and Hispanic Sexual Behavior Patterns, and 2) Developing Intervention Strategies are planned.

Current Status: The final report is due to CDC on 1/31/94.

Hemophilia Behavioral Intervention Evaluation Projects — Adolescent Component

"Difficult communication in HIV-positive adolescents with hemophilia" (in preparation for submission to *Pediatrics*).
"Issues, attitudes, and concerns about condom use among adolescents with hemophilia and HIV" (in preparation).

Hemophilia Behavioral Intervention Evaluation Projects — Adult Component

Publications: Four posters presented on qualitative data. One publication is in progress using qualitative data. The publications will discuss communication about sexual activities between heterosexual couples.

Evaluation of HIV/AIDS Risk Reduction Programs in Prison Settings

"HIV Prevention in Prisons: Obstacles and Opportunities", submitted to *Public Health Reports*, October, 1993.

Prevention of HIV Risk Behaviors Among Young Women: Using Community Resources to Explore Alternatives to Prostitution

Darrow W, Potterat J, Alegría M, Ríos N, Vera M, Woodhouse D. *HIV Prevention for Streetwalkers: Are Condoms Enough?* Abstract #5450, IXth International Conference on AIDS, Berlin, June 1993.

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Project**Publication/Presentation**

Use, Acceptance, and Use-Effectiveness
of Condoms in Preventing HIV & STD
(Gonorrhea) Transmission

Publications were jointly prepared by research staff members:

- (1) Oral presentation and abstract for the IX International Conference on AIDS in Berlin, Germany, June 7-11, 1993;
- (2) Poster and abstract for the X International Society for STD Research, Helsinki, Finland, August, 1993;
- (3) Presentation for Evaluation Dialogue, CDC;
- (4) Thesis paper (Highest Honors) and oral presentation by student intern from Emory;
- (5) Overview in the CDC Prevention Newsletter;
- (6) A Poster for the Society of Epidemiologic Research, Keystone, Colorado, June, 1993;
- (7) *Preventative Behavior Differences in Sacramento and Bakersfield STD Clinic Patients* (paper in progress);
- (8) *Condom Use and Sexual Risk Behaviors among Female STD Clinic Patients* (abstract submitted);
- (9) *Sexually Transmitted Infections Among Three Racial and Ethnic Groups: The SCSS vs. the KCSS* (paper in progress).

Analysis of Counseling and Testing
Data, National Health Interview Survey
and CDC CT Database

Anderson JE, Hardy AM, Cahill K, Aral SO. HIV-antibody testing and post-test counseling in the United States. American Journal of Public Health (to be published in November 1992).

CDC, MMWR, Counseling and Testing Services From Public and Private Providers — United States, 1990, October 9, 1992.

J.E. Anderson, R. Fichtner and C.H. Campbell, How Many HIV Positive Persons in the U.S. Have Been Tested for HIV Antibodies?, poster session presented at the IX International Conference on AIDS, Berlin, Germany, June 1993.

Project	Publication/Presentation
Analysis of the 1988-1991 General Social Survey: Factors Associated with Sexual Risk Behavior	Anderson JE, Dahlberg LL. Sexual risk behavior in the general population: Results of a national survey 1988-1990. <u>Sexually Transmitted Diseases</u> (Accepted and in press). Sexual Risk Taking in the U.S.: Results From a National Survey 1988-1991
Behavioral Risk Factor Surveillance System (BRFSS): Knowledge of AIDS and AIDS Health Care for States.	MMWR articles: 1. Anderson J. HIV/AIDS knowledge and awareness of testing and treatment — behavioral risk factor surveillance system, 1990. <u>MMWR</u>, 1991 (November 22);40(46): 794-5, 801-4. 2. Anderson J. Community awareness and use of HIV prevention services among Blacks and Hispanics: Connecticut 1991. <u>MMWR</u>, October 30, 1992 3. Brackbill, R. Sexual Behavior and Condom Use — District of Columbia, <u>MMWR</u>, 1993. 4. Goldbaum, G., Tollestrup, K., Brackbill, R., Wood, R., Sexual Behaviors and HIV Testing Among Men Who Have Sex with Men (MSM): A Population-Based Study, presented at the Annual Meetings, APHA, Oct. 1993.
Sexual Behavior and Condom Use Among Street Youth in Hollywood, California	Anderson, J.E., Freese, T.E. and Pennbridge, J.N., Sexual Risk Behavior and Condom Use Among Street Youth in Hollywood, California, <u>Family Planning Perspectives</u> , Nov./Dec. 1993
Condom Use: Data from Cycle IV National Survey of Family Growth (1988)	Potter, L. and Anderson J.E., Patterns of Condom Use and Sexual Behavior Among Never-Married Women, <u>Sexually Transmitted Diseases</u> , 1993. Anderson, J.E., McCormick, L., Fichtner, R., Factors Associated with Reported STDs: Data From A National Survey, submitted to <u>Sexually Transmitted Diseases</u> , Nov. 1993. (Earlier version presented at ISSTD meetings in Helsinki, Sept. 1993.

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Project**Publication/Presentation**

Evaluation of HIV Prevention Street Outreach Program for IDUs and Youth at High Risk (AESOP)

A formative evaluation presentation has been scheduled for the American Anthropological Association meetings for December 1992.

CDC, Assessment of Street Outreach for HIV Prevention, 1991-1993, MMWR, Nov. 19, 1993.

1993 APHA presentations:

1. Street Interviews of IDUs: Implications for Community Based HIV Interventions, Goldberg et al., Philadelphia.

2. Evaluation and Enhancement of HIV Prevention Street and Community Outreach Programs that Serve Injection Drug Users, Long et al., Los Angeles.

3. Similarities and Differences in Street Youth Populations in the U.S., Greenberg, et al., CDC.

4. A Demographic and Behavioral Profile of Homeless Youth in NYC: Implications for AIDS Outreach and Prevention, Clatts, et al., New York.

5. A Market Segmentation of High-Risk Youth, Mills, et al., San Francisco.

6. Street Youth, Outreach and HIV Risk: Facing the Challenge in Los Angeles and San Diego, Kipke, et al., Los Angeles.

Impact of HIV C&T on Methadone Clinic Clients in New England

Rugg D et al. Self-reported changes in sexual and drug-using behaviors in methadone clients following HIV counseling and testing. Poster M.D.4016, VII Intern'l AIDS Conf. (Florence), June 1991.

Rugg DL, MacGowan R et al. Evaluating the CDC program for HIV counseling and testing. *Public Health Reports* 1991(Nov.-Dec.);106(6): 708-13.

MacGowan R et al. HIV test history and voluntary testing among IDUs in treatment: what influences testing? Poster PoC 4825, VIII Intern'l AIDS Conf., Amsterdam, July 1992.

Project

Publication/Presentation

Impact of HIV C&T on Methadone Clinic
Clients in New England (con't.)

MacGowan R, Cole G, Scibak J. Drug use and self-reported HIV serostatus of clients entering methadone treatment programs in New England. American Public Health Annual Conference. Washington, D.C. 1992.

MacGowan, R.; Cole, G.; Rugg, D.; Collier, C. Changes in drug and sexual behaviors reported by methadone clients in Connecticut and Massachusetts, by knowledge of serostatus, June 1990 - January 1993. Poster Po-D08-3633, IX Internl AIDS Conf., Berlin, June 1993.

Collier C, MacGowan R, Fichtner R, Swanson N, Krolczak A, Cole G. Behaviors & demographics associated with reported HIV infection among methadone treatment clients in central Connecticut and Massachusetts. American Public Health Annual Conference. San Francisco, CA, 1993.

MacGowan R, Ransom R, Collier C, Stark K. Changes in injection behaviors of drug users in methadone treatment by duration of treatment, knowledge of serostatus and HIV CT, in New England. American Public Health Annual Conference. San Francisco, CA, 1993.

Impact of HIV C&T on IDU in
Detoxification Programs in
Puerto Rico

Martinez R, Colon HM, Robles RR, Matos TD, Diaz N, Cole G, MacGowan R. Factors associated with HIV seropositivity among drug injectors entering treatment in Puerto Rico. Poster PoC 4249, VIII International Conference on AIDS (Amsterdam), July 1992.

Robles RR, Colon HM et al. Behavioral risk factors and HIV infection of injection drug users at detoxification clinics in Puerto Rico. International Journal of Epidemiology (submitted).

Rios N, MacGowan R, Collier C, Cancel L, Diaz N. A comparison of injection practices of drug users by HIV serostatus before and after detox in Puerto Rico. American Public Health Association Conference, San Francisco, California, 1993.

ProjectPublication/Presentation

Determinants of Incidence of
STDs and of Behavior Change
in a High-Risk Population of
Perinatal Women (Project Prevent)

A paper on Project Prevent, its clients, and a preliminary evaluation of its effectiveness, was presented at the 1993 International AIDS conference. An MMWR article which updates the material presented in Berlin is in preparation.

Perceived Risk vs. Actual Risk:
Factors Influencing STD Clinic
Clients to Obtain HIV Pre-Test
Counseling and Return for
Post-Test Counseling

A paper with these findings was presented at the 1993 meeting of the International Society for STD Research and is being developed into a manuscript. Further analyzes are planned, using more recent RAQ data from these 25 clinics, to examine more carefully the roles that AR and PR play in determining among clients who have been tested, which ones return for test results and post-test counseling.

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Development and Pretest of HIV/STD
Intervention Strategies for Targeting
Minority Heterosexual Males
Location: San Antonio, TX

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Evaluation of HIV Prevention Street
Outreach Program for IDUs and Youth at
High Risk
Location: Philadelphia, Chicago, Atlanta,
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Jo Valentine

Alexandra Youth STD/HIV Intervention
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Evaluation of HIV Prevention Street
Outreach Program for IDUs and Youth at
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